ALCOHOL

ALCOHOLISM

& CRIME

A CONFERENCE AT
CHATHAM, MASSACHUSETTS

ALCOHOL
ALCOHOLISM
and CRIME

A CONFERENCE

at Chatham, Cape Cod · June 6–8, 1962

The Conference was sponsored by . . .

Massachusetts Department of Correction

Massachusetts Department of Mental Health
Division of Legal Medicine

Massachusetts Department of Public Health
Division of Alcoholism

Massachusetts Division of Youth Service

Massachusetts Parole Board

Massachusetts Office of the Commissioner of Probation

and

National Institute of Mental Health
United States Public Health Service

Conference Planning Committee

Massachusetts Department of Correction

Joseph Burack, M.S.W., *Chief Supervisor of Psychiatric Social Work*

Massachusetts Department of Mental Health

Norman A. Neiberg, Ph.D., *Director of Psychological Research, Division of Legal Medicine*

Massachusetts Department of Public Health

Edward Blacker, Ph.D., *Research Analyst, Division of Alcoholism*

Hilma Unterberger, *Alcoholism Coordinator, Division of Alcoholism, Committee Chairman*

Massachusetts Division of Youth Service

Francis Kelley, *Director of Psychological Research*

Massachusetts Parole Board

James Gavin, *Parole Officer*

Massachusetts Office of the Commissioner of Probation

Eliot Sands, *Deputy Commissioner*

United States Public Health Service

Therese LaLancette, R.N., M.A., *Mental Health Nurse Consultant, Region II, New York*

Edited by David W. Haughey and Norman A. Neiberg.

Table of Contents

Welcome

Hilma Unterberger

Conference Chairman, Alcoholism Coordinator, Division of Alcoholism, Massachusetts Department of Public Health

I want to welcome you all to Chatham Bars Inn and to this conference on Alcohol, Alcoholism and Crime. The planning for this conference began last June, one year ago, and now it has finally commenced. We are very happy to see each of you here. By we, I mean the Planning Committee. Before I go any further, I want to thank by name the members of the Planning Committee, who really have worked very hard to make this conference become a reality. The Planning Committee was composed of a representative from each of the six agencies which cooperated in developing this program. Representing the Department of Correction is Joseph Burack; the Department of Mental Health, Norman Neiberg; the Department of Public Health, Edward Blacker and myself; the Parole Division, James Gavin; the Youth Service Board, Francis Kelly, and the Office of the Commissioner of Probation, Eliot Sands. Representing the United States Public Health Service, which is providing the financial support for the conference, is Therese LaLancette. I am sure you will come to know each of these people and many others from the agencies they represented so well before this conference is ended.

That is one purpose of this conference: to bring together selected representatives from the several agencies of the Commonwealth of Massachusetts which carry a responsibility for dealing with the complex problems of alcohol, alcoholism and crime. You were brought together in order to be informed and in turn to inform. From these processes of information exchange, the invited papers and the small groups discussions, it is expected that each of you will return to your agency better equipped to deal with the issues and problems presented by alcoholism and criminality as you face them in your day-to-day activities. Part of this information exchange is the recognition and acquaintanceship with others in the public service who face these problems too; perhaps from a different point of view or with different responsibilities toward the individuals enmeshed in these problems, but colleagues none the less. We trust you will make the most of your opportunities in these very inviting surroundings.

You know when you have a conference like this, you always make a point of asking the Governor to attend. Of course, the Governor generally says he is very busy and will send a representative. This time, however, I was very much surprised and pleased when the Governor said he would like very much to come because he was so impressed that six of his state agencies were working together. He really did want to come, and up until a week ago the plans were in prospect for him to be here. Unfortunately, the Legislature here in Massachusetts is still in session, and the Governor asked if he could please be excused under these circumstances. He has named to represent him a person who is also a participant at the conference, the Commissioner of the Massachusetts Department of Correction, George McGrath.

Greetings from the Governor

George F. McGrath, LL.B.
Commissioner of Correction, Massachusetts Department of Correction

It is a pleasure to represent Governor Volpe on this occasion. This was a case where the Governor sincerely intended to be here because he is very much interested in the program, having issued a public statement regarding the importance of this conference concerned with the relationship between alcoholism and crime, and in particular the role that alcohol plays in the total crime problem. He also emphasized to me that he was very pleased to see such a demonstration of cooperative activity on the part of several State agencies. The Governor is sincerely interested in those phases of Governmental operations which are concerned with human problems. He has said to me and, I believe, demonstrated on many occasions that he believes that public service in these fields should be in the hands of those who are professionally trained, and that politics should play no part in dealing with the offender and with the alcoholic.

Before this meeting began I had the opportunity, as did you all, to see the names of the people who have been invited to this conference. I think the Committee deserves a great deal of praise, even at this early hour, for they have done a remarkable job in assembling the people who are intimately concerned with the areas of both alcoholism and crime. I was reminded of the story about Al Smith when as Governor of New York he was making one of his customary tours of State institutions. He came to Sing Sing Prison and was in a big hurry. All the inmates had been assembled in the assembly hall. He came up on the stage and, because he had not been briefed, he found himself rather at a loss for words, somewhat of a novelty for a politician. He did not know quite how to get started. He was about to say "Fellow Voters" when he realized that this would not be appropriate. He started to say "Fellow Democrats", and then thought better of that. Finally he said "I am glad to see so many of you here." And so am I.

I think we would all agree that the single breakthrough that would accomplish more in drastically reducing crime in the community is the solution of the problem of alcoholism. I do not think this is overstating the case. If by some magic there was a specific to solve the problem of alcoholism, it would be no exaggeration to say that crime would be reduced by a minimum of 25% throughout the country. I think, too, that our concern for these problems is proper and necessary. We are impressed, of course, with the international situation and with the exploration of space as significant contemporary issues. I think too much emphasis, however, has been placed upon the threat from abroad and the concerns that we have about sustaining our way of life against foreign aggression. The emphasis has been too great on that side of the picture. The Soviet Premier has said that they will bury us, and that our children will grow up in a socialistic state. I sincerely think he has reached these conclusions not because they would eventually conquer us militarily, but because he saw within our society weaknesses that he feels will eventually destroy us. This seems to me to be the area where we should be investing far more of our attention, on our domestic problems involving the very basic issues in our democratic way of life. Ex-President Eisenhower recently said, "only Americans can hurt America", emphasizing the great concern and the great need for us to solve our internal domestic problems. Certainly among these, crime and alcoholism represent enormous problems which threaten our very way of life. We should be very pleased that this conference to study Alcohol, Alcoholism and Crime is convened. I am sure we will profit from this Conference, and I am looking forward to the developments of the next three days.

Greetings

Therese LaLancette, R.N., M.A.
Mental Health Nurse Consultant, United States Public Health Service

The story teller of our office is Dr. Harry McNeill, but I am going to steal one of his stories because I think it is applicable. It is the story of a clergyman who had an exceptional yearning for some very delicious cherry brandy that one of his parishioners used to distill. He brought himself one day to ask this man if he could have some of this very special brandy for his own use. The man hesitated, but finally said he would give the clergyman some on the condition that the following Sunday the preacher would get up in front of the congregation and announce from the pulpit the fact that he had received this gift. The preacher agreed that he would, so he received the cherry brandy. On the next Sunday he mounted the pulpit, faced the congregation and said that he wished to thank Mr. Jones for the delicious cherries he had given him, and

especially for the spirit in which they were given. It is the spirit of the conference that counts, and the spirit is a very fine one. I am very pleased to speak on behalf of the National Institute of Mental Health in greeting you to what we feel will be a most significant conference. The National Institute of Mental Health gives financial support for such Technical Assistance Projects, and this one was particularly a favorite because it deals with a problem of great concern throughout the whole country. Your contribution at this meeting will be shared nationwide in the form of Proceedings and will be invaluable material to others at various levels who are dealing with this problem.

I would like to tell you what a Technical Assistance Project is. It is one of the ways in which the complicated services of both the Regional and Washington office staffs of the Public Health Service are given to a state through its mental health authority toward matters of program. In essence it is a "How To Do It" conference; it is hoped that one of the results of this conference will be that you will go back to your jobs with new ideas and new plans for program action. As has been said, the fact that six agencies are represented here is a strong indication that coordination of effort will help the offender. We are concerned that this take place. Again, the Committee has worked very hard and conscientiously in making today possible. We especially appreciate the work of the Chairman, Miss Unterberger, who carried the greater part of the responsibility. Our best wishes to you in these three days and in your follow-up work back on the job.

Alcohol, Alcoholism, and Crime: An Overview

Selden D. Bacon, Ph.D.
Director, Center of Alcohol Studies, Rutgers — The State University, New Jersey

Probably the purpose of an "overview" stems from somebody's feeling that discussion of the subject matter will tend to fall into two major lines of consideration: one, a line (sometimes 2 or 3 specific lines which don't seem to gibe at all) made up of the subject matter which, to the somebody in charge, may seem very narrow or limited in scope; in this instance, the chronic Skidrow drunkard, or the middle class American in the middle stages of the dominant type of American alcoholism, or those guilty of major assault or homicide who were well fortified with alcohol at the time of the offense. Since these three categories may be very different in the eyes of someone in charge, he may wish to introduce the conference by an assertion of the breadth of scope of the material. The second major line the somebody may wish to prevent the conference from emphasizing too heavily concerns the matter of specific techniques for meeting some specific part of this or that process of answering the problem. In this instance, the selection and dosage of drugs for management of the acutely intoxicated, or the commitment procedure, or the philosophy of AA, or the nature of good casework. Again, the someone in charge may wish a broader orientation of the problems so that one group of technicians won't dominate or so that several such groups won't end up disliking each other more than they did at the start.

There is also a third possible purpose for this introductory overview. If those in charge can obtain a sufficiently arrogant introducer who will describe his own vast philosophic scope, necessarily derogating all the specialists, they will then unite in their anger, and the conference will thereby enjoy high morale.

One way or another I hope to please the somebodies in charge. May I start by indicating my own view that the conference is concerned with the overlappng of two phenomena, two quite separate phenomena, each of which can exist independently of the other. One concerns the use and the users of beverage alcohol, and, especially, certain varieties of uses and of users called *deviations* which create "problems"; this is a frightfully complex phenomenon for which even minimally successful resolutions don't seem to have been found in our society. Today and for at least the previous 150 years there has been violent disagreement in government, religion, education, medicine, and even in small communities and families as to what the problems are, to say nothing of what should be done about them.

The other phenomenon, crime, is of a different nature, referring *only* to deviations, but to all sorts of deviations so long as the institution of government is concerned as the sanctioning agent. I will first consider the matter of alcohol and its uses and users, then crime, and, thirdly, some of the common overlaps.

Although the phrase, alcohol, alcoholism and crime is the title, the first two terms are both too little and too much. Alcohol as such is a thing, and only becomes significant for people and groups when it is used, when people have attitudes about it. We are concerned with the manufactured and distributed product, with the uses and the attitudes and with the users and those persons manifesting attitudes. Of particular interest to this conference are the deviations from customs of production, distribution, and use, especially the last named. If use be called the custom of drinking, then those variations from the norm of the custom which usually arouse generally negative responses from other group members are the deviations. Two such deviations for the majority of our society are (1) intoxication, particularly if in public, and (2) alcoholism. They are selected for special comment not only to indicate that they differ from each other but to underline the fact that they are deviations *from* most American customs of drinking and are to be sharply distinguished from drinking as such. Alcohol, alcoholism, drunkenness and drinking have all had apparent, continuing connections with what is called crime in our society. Failure to distinguish between these terms has resulted in major difficulties in education, law enforcement, health and other fields.

To some people drunkenness and alcoholism are felt to be the same thing. Actually they are quite different. For example, John Smith can imbibe such an amount of alcohol that he is by any definition intoxicated because of the alcohol — speech slurred, unsteady walking, failure to notice even gross signs of danger, inability to complete even brief tasks, inappropriate actions, and even a slowing of reflex behaviors. He is manifestly drunk and he is exhibiting, manifestly, what is called drunkenness. Does this by itself mean that he is an alcoholic? Let us suppose that John never before used alcohol and that he never again used alcohol. Or, let us to the contrary assume that he regularly used alcohol both before and after this occasion, but never before or after became drunk. To call him an alcoholic would take all known meaning from this term. To show the confusion which can follow from equating the terms, imagine what would be the effects of referring all those who ever became intoxicated to AA or to physicians for treatment of a disease. This is represented conversely by restricting treatment of alcoholism to detoxification or "drying-out" procedures. Yet another confusion may be seen in the attempts made by some to relieve the police, prosecution, courts and penal agencies of all responsibility for drunkenness and those exhibiting drunkenness. Many proposing the change only meant to remove alcoholics and alcoholism from the care of these groups. However, they involved an enormously larger category and largely for this reason defeated their own goals.

The classic American "Dry" of the 1890–1920 period tended to make drinkers, those intoxicated and alcoholics all the same thing. Since being drunk was evil, by definition taking a drink was evil. Alcohol itself also became an evil. This oversimplification is probably pretty obvious to all, and the confusion and conflict which arose is generally recognized. What is not so obvious is that the opposite trend can be just as mistaken: there are those of the 1930–

1960 period who can completely separate these phenomena and allege that there is no relationship at all between them. This is oversimplification in different clothing, but it is followed by the same confusions. To imagine alcoholism without alcohol, and there are those of such belief, must strain the thinking processes of any who are not involved in a particular cult.

Failure to distinguish between these terms and also failure to see the relationships between these terms have both led to inefficient action, action of educational, political, therapeutic, enforcement and other types. These failures have quite clearly been present in talk and action which dealt with alcohol, drinking, intoxication and alcoholism as they may have related to that other badly defined phenomenon — crime.

Alcohol is easily defined, but this does not get us very far ahead. Alcoholism and drunkenness are here viewed as deviations from customary practices of drinking, as negatively viewed variations from a norm. Variations from a norm can only be recognized effectively if the norm is recognized. And so "drinking" becomes a key term. In discussing the matter we should sharply distinguish between drinking and the drinker; one of these is a custom, a pattern of behavior deduced from the behavior of many in a group, a pattern which can exist before any one of the group is born and last long after his death. A drinker is an individual activating this pattern, but he only does so at times, does so differently from other members of the group, and may have private satisfactions or reservations about the activity which can even be unknown to his fellows.

It is important for those concerned with use of alcohol and crime to recognize that there is a variety of drinking customs. This is perhaps fairly simple in the case of French drinkers, Peruvian drinkers, and Japanese drinkers. It is perhaps still obvious in comparing middle class Americans of German descent in Milwaukee who usually drink beer with South Carolinians in the rural areas who drink corn whisky. It is sometimes less apparent in our home town to realize that there may be, in fact in our country almost certainly are, a variety of drinking customs, a variety of norms. This is to be seen in what beverage is usually consumed, how, when, where, with whom, how much, how often, and under what conditions. This is to be seen in the different purposes and expectancies of drinking, in the way younger people start to drink, in the tolerance people may have of behavioral changes during drinking occasions, of beliefs about what is right and wrong in relation to drinking, about what use of alcohol means to members of the group. The norms of drinking present many pictures in our society. In addition, we also have customs which may be called anti-drinking and there are also many non-drinkers who cannot be considered either drinkers or anti-drinkers.

It is essential for those concerned with deviation to recognize the norm — in this case many norms. For instance, it should be clear that what would be deviation from the norm in one group could be the norm itself in another group. Comparison of the drinking habits and attitudes in two or three different sections of any New England town of 25,000 or more population should allow examples.

Very often the groups differentiated by drinking norms can also be distinguished by differences in other areas of behavior and belief; for instance, in the matter of economic aspiration, in the matter of ways of showing aggression, in the matter of care for property.

Failure to recognize that deviations are only aspects of norms and failure to recognize that there may be several norms have led to very real difficulties in attempting to meet alcohol problems in this country.

One of the most obvious of these failures in our history has been in the field of secondary education. A very powerful group decided that there was one and only one norm — namely: any and all use of beverage alcohol is vicious in every way with the obvious result that any use is deviation. Since this norm was not remotely similar to the actual norms of millions in the population, was in fact quite opposite to their norms, teaching on this matter, to put it mildly, was ineffective (except for those who accepted the norm before the secondary school teaching started).

Another far less obvious example, one which may breed considerable anger among some good friends, concerns rehabilitation. Whether members of AA, social workers, or physicians, it is hardly uncommon to find rehabilitation techniques tied to certain norms: that is, the potential patient or member is assumed to have certain beliefs and experiences, is assumed to have certain attitudes and aspirations, or the course of recovery demands certain attitudes and behaviors. And yet in all too many cases the potential patient has not had such experiences, does not have such beliefs, or cannot take on the proposed attitudes or procedures without forsaking not only his culture but also the most important carriers of that culture — his friends, family, associates, neighbors. Perhaps to them his alcohol-use behaviors were but a mild deviance, but the proposed treatment would form a major deviance. I do not suppose you will be surprised to learn that in such cases (in terms of the rehabilitating group) it is almost always the potential patient, hardly ever the rehabilitating group, which is then labeled a failure.

The same problem is clearly seen in research and in simple survey attempts: for example, what is a drinker or what is a chronic court case drunkenness offender or what is an alcoholic? In so much of the published material, either there is no recognition that there is a definitional problem or there is an implicit assumption that "everybody knows" what the writer has in mind — an assumption that will almost automatically be disproven by the first objective test.

In view of some of the subjects to be discussed in following sessions of this conference, it might be pertinent to note that a vast amount of AA experience, a vast amount of psychiatric experience and a vast amount of special alcoholism clinic experience, particularly what may be called successful experience, the type which is always broadcast, has been gained from dealing with what I will call middle and upper middle social class, urban, white, native Americans of Northwest European background, with rather common attitude-sets, two or three of them, not only about drinking but also about economic, intellectual, familial, and recreational values; they are largely men, perhaps 3 or 5 or 1, between 35

and 45 years of age. However, the alcohol-problem population dealt with by police and correctional institutions may not have those same characteristics. Now, if those characteristics have anything to do with norms, then by definition they also have a lot to do with, are crucial for the determination of, deviation. Responses found helpful for dealing with one group could be quite unhelpful when used with the other.

Granted that a perception of social norms and deviations is directly pertinent to understanding for the problems attacked by this conference, I want to present two generally descriptive statements about norms and deviations as such.

First, cultural patterns may be described in terms of a continuum: at one extreme are those patterns which are rigidly defined, which allow for little or almost no individual variation, which are implanted in the individual with uniformity and emphasis, and which are attended by sanctions for nonconformity which are expected to be quick and effective, sanctions which may be enacted by formal specialized agents such as police or parent, but which would be exercised by almost any member of the group if the specialists were absent. In our society I would say that human excretory practices form an obvious example. At the other extreme are patterns which are rather loosely defined, which allow considerable individual variation, which are not implanted in the new member of the group with certainty, regularity, uniformity and, in fact, may be characterized by uncertainty, irregularity and even conflicting values, which have weak sanctions for conformity which are not always agreed to by others, not always enacted, and the sanctioning agents are often uncertain, irregular, and perhaps at odds with each other. For many large segments of our population, I would say that drinking practices were towards this end of the continuum; naturally, if deviations from drinking pattern are also accompanied by deviations from patterns of the former type, then there may be sanctioning response of the former type; however, the combination may lead to a confusion of what sanctions are appropriate. This is clearly apparent in the present instance: many persons feel that assault, obscenity, and property destruction are somehow less blameworthy if the misbehaver was under the influence.

It should be clear from this differentiation of types of cultural pattern that those trying to deal with deviants from the first class of patterns will face a very different situation when dealing with deviants from the second type.

The second general statement I will make deals with a classification of deviants. I will specify eight types, types which you will readily appreciate to be drawn as much from logical premise as from factual study.

First, the full member of the society manifests what is called an accident. This implies that he was consciously following a certain pattern of action; others thought it the right pattern to follow in the given circumstances; he was carrying out the activity in the socially proper fashion with the physically proper movements. But the whole activity went haywire. Two things should be noted to determine the label of accident: one, the nature of the cause; the other, the

nature of the actor's response following the event. The cause would be an unexpected failure of a necessary precondition to the behavior, a precondition not generally thought of as a part of this behavior. For example, clothes are a sort of precondition to playing baseball, going to church, driving a car, or giving a speech. If clothes rip or fall during any one of these activities, they may completely disrupt the activity. Or the addition of an unexpected element to the necessary preconditions can do the same. One has to have a surface on which to stand or move while carrying on many activities. Introduce a banana peel and the disruption will again follow. The reaction of the person who deviated is, if this is properly to be called an accident, one of sorrow, shame, anger, extraordinary cover-up, or other response which indicates to the observer that this actor is fully aware that there has been a deviation and that he or she is upset.

Second, there is for the full member of the society the mistake. This phenomenon is more closely related to the actor's consciousness and more closely related to the activity itself — not to a remote precondition. In this case the actor judged the situation incorrectly, used a technique which would have been correct in 8 out of 10 similar situations perhaps, but, in the eyes of the others, he could have known and should have known and, in the past had shown that he was quite capable of knowing, that there were these 2 out of 10 situations and that when they were present one did something else. Again, the disruption. The reaction, if this is properly labeled a mistake, is the same for the actor as in the case of the accident: sorrow, shame, anger, cover-up and so on, and this time we may add another — guilt.

When is an apparent accident or mistake not an accident or mistake? First, when it occurs too frequently. Secondly, when the actor fails to show the appropriate recognition. How do we know of this? We know of it by the repeated responses of others. The person is reputed to be accident-prone, the person is reputed to be psychopathic, the person is reputed to be stupid, by which we mean that he had not learned proper responses and is therefore reduced from the title of full member of the society. These last three characteristics, accident-proneness, psychopathy and stupidity may appear as occasional causes of many social deviations.

A third category consists of inept behaviors by *incipient* members of the society. They are not expected to behave with perfect efficiency. Infants, children, and adolescents are all in this class. They are learners, and it is expected: 1. that they will vary from the norms and 2. that they will learn not to vary. The same is true for more specialized roles in the case of the new member of the group or new job-holder or beginner in some activity no matter what his or her age. That is why youth in general and why people just taking on new functions and roles are expected to be rather frequently guilty, flustered, brash, aggressive, tearful, clumsy, and so on.

A fourth category consists of deviant behaviors by visitors from other societies. They differ from the previous class in that they have already learned social responses. However, they learned responses *other* than those of the home

group. If planning to become permanent residents, it is expected that they too will learn the home-group norms.

A fifth category consists of deviant behaviors manifested by those who *could not* learn the proper ways — the feeble minded and the moron and others who are adjudged by the majority of the society to be less than full members of the group; who never had the capacity to be such full members. The social problem is the continued existence of the feeble-minded, not their specific deviations.

A sixth category consists of deviance by those who, because of accident or disease, have *lost* the capacity to be full members of the society. They, of course, may show all sorts of deviance, but it is the loss itself, not the specific deviations which may be called the social problem category.

A seventh category, one of great relevance for this conference, consists of deviant behaviors stemming from those *temporarily* desocialized, temporarily incapable of recognizing situations, or remembering the appropriate response, or of carrying out the appropriate action. This seventh category must be split into two divisions because of our special interests. The first division I would label as the recognized extraordinary *situation* which is generally felt to explain temporary loss of individual recognition of social situations and to explain either extraordinary actions or extraordinary failure to act. This may be illustrated by such situations as major catastrophes, unexpected death of a dearly loved person, riots, and so on.

The second division I would label as direct and temporary interference with the central nervous system — drugs, hypnosis, fatigue, starvation.

Finally, of a somewhat different nature, there are in modern, complex societies certain strata or total sub-groups which are in many ways *not* part of the society; they can, in fact, be considered anti-social categories or people considered almost sub-human or super-human. Some of the behaviors of such groups are held socially appropriate or at least not too objectionable when they occur *within* the sub-society or stratum but otherwise are held most inappropriate by the great majority. Aristocracies, slaves, and the homeless poor may be examples of this type.

I would suggest that deviations from drinking patterns may appear in most of these eight categories, but some are far more important than others. And I will now cut down the field of deviation enormously by limiting discussion to those deviations which may result in allegations by others that values beyond those of the drinking custom itself are threatened; that is, variations from the norm which merely diverge from the drinking pattern as such, for example, serving the wrong drinks, using the wrong glass, forgetting the appropriate terms, inviting inappropriate guests, attempting new modes of drinking practice which are not accepted — this type of deviation I will omit. Now I turn to deviations in the general behavior of the drinker accompanying or rising from the act of drinking. Please remember use of words "drinking" and "drinker"— they refer to cultural patterns and to those who exercise such patterns as members of the group. May I anticipate something to follow by stating that if a human

being, obviously at the moment a maniac, physically joined a group of drinkers, and then took on alcohol by stomach pump or by hypodermic ingestion, a human being who thought that those drinking were pitiable fools or his sworn enemies and who thought their mode of ingesting alcohol to be a sure sign of sub-human status, then I would insist (a) that he was not a drinker and (b) that what he was doing, whatever the right name might be, could not be called drinking. As you can imagine, I would consider calling an alcoholic a drinker, a ridiculous use of language. However, I have not given you my definition of an alcoholic.

Threats or actual occurrences of deviation of a general nature which accompany drinking or emerge from drinking do so most frequently because of the depressant action of alcohol on the central nervous system. Alcohol reduces sensitivity, reduces learned controls, reduces muscular coordination in relation to (a) the amount of alcohol in the central nervous system and in relation, obviously, to (b) the amount and quality of sensitivity, learned controls and co-ordination present before the alcohol got into the system. The reduction is temporary. These functions of alcohol are not occurring in a closed, isolated system, however, and so the same effects will not always be seen in manifest behavior even though the same person takes the same amount over the same span of time. The presence of an important sanctioning agent, e.g., the boss or the wife or the priest, can directly influence the behavior following alcohol ingestion; so can a sudden shock, extreme fatigue, the raucous urging of friends and so on.

However, there is little question, especially as the amounts of alcohol are increased, that there will be less sensitivity to cues which call for action, less effect of implanted responses, and less accuracy in carrying out patterns of action. For example, the wife clears her throat and looks at the clock; Henry Jones has always left the Smith's house by 11:15 p.m. and has made it clear that he thinks this rather important; certainly Henry knows how to take his coat off a hanger without wounding himself or destroying property. However, with a certain amount of alcohol, Henry misses the cue, Henry sees the clock at 11:25 and merely snickers, and finally puts on a free wrestling exhibition at the front door while getting his coat. This little scene occurred October 9th, 1954. Henry has had drinks since, has visited the Smiths many times and so on, but the October 9th sort of behavior has not re-occurred. Henry made a mistake, perhaps, in taking two drinks more than usual. I doubt that anyone thought a crime was committed although Henry's wife was far from amused.

Now, let me add to the story by stating that Henry drove home from the Smith's house. To compensate for what was clearly a case of overindulgence, Henry drove along the extreme right hand side of the road, and didn't let the speedometer reach 30 mph even though he was allowed to go 40. However, a couple of excited youngsters came down a side road and out into the main thoroughfare on which Henry was driving and did so without stopping as required by law, in fact came out at almost 45 mph. Now, without the alcohol, Henry would have been aware of the other car on the side road, of its speed,

of the increasingly obvious chance of its not stopping at the intersection and of the consequent probability of a crash. He would have been aware and he could have done several things to avoid that eventuality. Please note that the youngsters were completely at fault. But also note that Henry had a clear chance to avoid the accident — at least, the normal or average or usual Henry had such a clear chance. The Henry with 0.12% alcohol concentration was just not up to meeting any situation requiring sensitivity, judgment and quick response beyond the regular, average, expected course of events. I am not sure whether all would be in agreement in this instance if asked whether Henry was guilty of a crime in the case of this automobile crash. For those who thought he was guilty of crime, I wonder if they would also think him guilty if there had been no crash, no youngsters or anyone else on the road, and Henry's cautious driving had merely resulted in his getting home a little later than usual.

Turning to another class of those who deviate from behavior patterns we come to incipient members of the society, persons who have not yet fully internalized social patterns or made the socially expected responses an almost automatic part of their own individual system of responses. Adolescents or very young adults are frequently in this class. Another way of speaking of this lack of internalization is to speak of inadequate recognition of cues, insufficient learning of self-controls, and inadequate or clumsy activation of the requisite behaviors. With no alcohol at all, then, one can have the same sort of deviant behavior which characteristically follows alcohol ingestion.

Clearly, alcohol and adolescence can increase each other's potential for deviation. They *can* do so. They don't have to and very frequently do not. Why not? Because a new item is added, an item which controls the desocializing influence of alcohol ingestion. That new item is a set or pattern of cultural requirements called drinking. It is a constellation of rules and attitudes and sanctions which states where, when, how much, in what manner, with whom, in what situations, what, how long, with what other activities, in what sequence; in each instance there are prohibitions as well as requirements. But if the adolescent-in-general is also a tyro about drinking, then there may be very great deviation indeed. This situation is not uncommon in our country for the simple and obvious reason that adolescence in general is experienced about chronologic age 13 to 20 which is just the age range in which most Americans start drinking. Almost any other range, 3 to 10 or 50 to 60, might seem to be preferable, but the facts are that in our society the teens form the years in which drinking behavior gets its start for the great majority of drinkers. When deviation related to alcohol-use in this category occurs, it is quite clear that three sets of factors may be important: one, incomplete socialization in general; two, incomplete socialization as to the specific social behavior, drinking; and three, the desocializing impact of alcohol, an impact enormously enhanced by the lack of an adequately internalized custom of drinking.

For this conference, however, other categories of deviance are perhaps of more immediate concern. I wish to consider those whose deviance stems from direct interference with the central nervous system, interference by alcohol, and

it is to be alcohol interference not achieved by accident or by mistake or because of feeblemindedness or experienced by a visitor unaware of surrounding social expectancies, or by an adolescent unlearned in appropriate responses or by a tyro unaware of drinking norms whether he be 12, 34 or 67 years of age. Rather, I wish to consider those whose deviation from one or more general norms (deviations beyond the drinking pattern norms as such) occur in relation to use of alcohol and do so with more or less frequency over months at least and usually over a period of years. I do not imply by this that enforcement, judicial and correctional authorities will be uninterested or without responsibility for the other types. What I am stating is that there are differences in the nature of the deviations and of the deviants and that these differences will be significant for understanding, education, policy and administration. For example, Henry Jones who had the automobile accident, young Billy Smith, a high school senior who smashed three parking meters on the night of a football parade, old Mike Murphy picked up for drunkenness for the 147th time, and Charles Brown, a well-known stockbroker, found trying to commit suicide after a three-day binge may have all shown a blood alcohol concentration of 0.12% when brought to the station house, but I presume that no one here would state that all four had the same problem or that alcohol played the same role in the four deviant behaviors or that any single punishment or treatment or preventive technique could be expected to have the same efficiency or effect on all four or on the types of person or action they represent.

I will now suggest four types of deviator whose behavior along with use of alcohol may well create problems with some frequency for arresting officers, prosecutors, courts, probation officers, and penal institutions. Whether or not this automatically implies criminality will be left unanswered at this time.

(1) The Chronic Drunkenness Offender, sub-social class.
(2) The dominant American type alcoholic.
(3) The chronically intoxicated psychopath or psychotic.
(4) Heavy drinkers of lower and lowest social class groups with norms which include much tolerance of drunken behavior.

These categories of deviation and deviator all refer to behaviors or behavers whose activity is affected by the impact of alcohol upon the central nervous system. However, there is another large category or set of categories of deviant behavior which is directly pertinent to this conference, deviations in which no effect of alcohol on the central nervous system is involved. The use of alcohol beverages and sets of attitudes about such use have been so productive in some societies, especially our own, of threat or actuality of disorder, damage, and deviation that all sorts of rules have developed concerning production, labeling, containers, transportation, storage, distribution, modes and times and places of use, immediate role of person using, social characteristics of person using, training of potential users and on and on. These rules, often explicitly verbalized, can be deviated from without any alcohol being in the deviator; in fact,

the deviator can be a complete and lifetime abstainer. The school superintendent who fails to carry out the state law which commands so many hours of teaching of 8th graders about the evils of alcohol, the bartender who sells after legally defined closing hours, the bootlegger, the person who refills a used bottle for commercial purposes, the 16-year-old boy who forges a license to show himself old enough to purchase alcohol legally are all examples of violation of legal rules dealing with beverage alcohol and its use, violations which obviously require no alcohol in the deviator. The same is true for deviations from all sorts of relevant rules of non-legal institutions and groups, e.g., religious, private club, professional and so on.

This distinction between deviations from norms dealing with alcohol and its use, one type in which the deviating behavior is related to the effects of alcohol on the central nervous system of the deviator and the other type in which it is not so related, is of direct significance to our subject. It need hardly be pointed out that in our own society there has been frequent failure, in fact it has been suspected that on occasion it has been a wilful failure, to recognize this fairly obvious difference. A typical example would be in the rather broad area entitled alcohol and crime in which, for example, bootlegging, assault when under the influence, failure to enforce ordinances, and public drunkenness are all placed under the same heading, are added together, are attacked by a single means or otherwise implied to be identical or, at least, quite similar phenomena. To put it rather mildly, this shows a degree of naivete hardly appropriate in our 20th century society.

We can now briefly recapitulate the viewpoints suggested for consideration of beverage alcohol use, both norms and deviations.

First, the entity or material called alcohol must be sharply distinguished from human use and attitudes about drinking and other uses.

Second, our direct concern is with variations from norms, variations regarded as undesirable and here called deviations.

Third, there is a wide variety of norms in our society in relation to alcohol use. The norms may be called drinking or social drinking practices or drinking folkways.

Fourth, in our society the drinking patterns are of such extremes, i.e., anti-drinking, non-drinking, and many varieties of drinking, that conflict exists even without individual deviations from any one of the norms.

Fifth, many (though not all) of the drinking patterns may be termed sociologically as loose, weakly integrated, poorly defined, irregularly sanctioned.

Sixth, several classes of deviation or deviator were proposed — accident, mistake, incipient member of society, incapable person, sick person, temporarily dissocialized person because of situation, temporarily dissocialized person because of temporary change in central nervous system, and peripheral or outclass groups.

Seventh, deviation from the drinking pattern itself was distinguished from deviation from more general social patterns following use of alcohol.

Eighth, alcohol ingestion, granted no intervention by other factors, was asserted to lower sensitivity to cues, lower the activation of social self controls, and lower muscular or motor efficiency.

Ninth, drinking customs serve to intervene so that such lowering is socially nondeviant or to restrain the lowering effect so that it is not socially deleterious.

Tenth, four types of alcohol users were described who were likely to show general deviations related to alcohol use and likely to do so frequently. It was indicated that the four types were sufficiently different from each other that any single means of alleviation, control, rehabilitation or prevention could hardly be effective for all.

Finally, it was noted that there were entire classes of deviations from norms related to alcohol use which involved no alcohol in the central nervous system and were therefore of a different nature, a strikingly different nature, from deviations manifested by persons whose central nervous system was affected by alcohol.

II

Crime and criminals are two terms which have been as undefined or differently defined as any words referring to human behavior which is socially meaningful. I will agree that there can be various definitions but this does not mean that all are equally efficient. The usual rules of effective definition hold in this instance as in any other. For present purposes I will state that criminal acts consist of those classes of behavior within a society to which members of the society are expected to respond in negative, punitive, preventive fashion and ordinarily are expected to do so through forms of activity and through particular roles or agencies which are called governmental. Please note that people ordinarily respond in negative fashion to a great variety of deviant behaviors in their society, but the deviant behaviors so reacted to are not defined as criminal *unless* the response is of a governmental nature. The mother may spank her child for pulling up the tulips, the club members may throw Jones out of the membership because he cheats or is noisy, the priest may invoke religious penalties, the doctor prescribe nasty tasting medicine or the umpire eject a player from the field, but the actions bringing on these negative responses are not crimes unless governmental agencies acting as such will also bring such negative responses to bear and it is expected and accepted by a significant proportion of the society that they will usually so act.

The second thing to note in this definition is that the crucial factor determining whether or not a given act is criminal is *not* the behavior itself and is *not* the personality of the deviant actor, but is the nature of the response to the act by the other members of the society. If persons are primarily concerned with behaviors as such, for example, persons concerned with ethics, or if they are concerned with psychologically defined individuals, as are many clinicians, then they have great difficulty in dealing with the concept of crime which is not necessarily an ethical violation, not necessarily related to any unique psychologic factors. This definition is also somewhat different from the usual legal definition

in that it is based on observation of behavior rather than on written commands or their interpretations.

Since governmental sanctioning of a negative sort covers the broadest range of behaviors, such wildly different activities as failure to have a properly dated permit, being too noisy, not sending a child to school, driving a car at 26 miles per hour, defacing public property, insulting a policeman, theft, using false weights or labels, and on and on, it is unlikely that any single factor, such as poverty, location in a particular part of town, high temperature, alcohol or feeblemindedness, will have the same effect on such a variety of behaviors.

How, then, can we effectively categorize criminal behaviors so that the impact of drinking, intoxication, or alcoholism on crime can be evaluated? Perhaps the first classification should stem from the earlier distinction between activities in which one or more central actors in the deviant activity had alcohol in the central nervous system and deviant activities in which no alcohol was present in the deviant actors.

The government is very much concerned with beverage alcohol. There is an extraordinary large and extraordinarily varied body of governmental rules, federal, state and local, directly relevant to this substance. The extent and variety of these rules reflects, first, public acceptance of the view that this substance possesses great potentiality for creating social trouble; second, great and continuing disagreement between powerful segments of the society as to the needs and propriety of regulation; third, in addition to any potentiality which the substance may possess because of its biochemical nature, it is also in our society a source of economic gain which can hardly be matched, let alone being outdone. This last is perhaps best illustrated by the fact that the governing bodies alone make more than 100% of the cost through taxes; clearly alcohol beverages form an attractive financial item and one in which government as such has an immediate interest. Nor are alcohol beverages difficult to prepare, limited by natural resources, or expensive or complicated in terms of storage, transportation or distribution. The result of these factors is clear enough: there is an enormous amount of governmental rule violation. Almost by definition one can state in our society that as the number of rules is greater so the number of violations is greater. This in large part stems from the simple fact that our legal structure develops primarily in empirical fashion; that is, *after* a sufficient number of irritating events has occured, *then* a rule is developed. As a source of irritation provoking governmental rules, very few items can compare with alcohol in our society over the 1789–1962 period. Perhaps money and the right of the individual human being (if this may be compared as an item) are the only comparable phenomena. Certainly firearms, the printing press, automobiles, television, the postal system, to name obvious candidates, cannot compare; perhaps water will come to occupy a similar position.

The conclusion from this is clear; alcohol beverages involve one of the most extensive and varied bodies of governmental rules to be found in our society and this is accompanied, if not indeed caused by, enormously extensive

and varied rule violation. I know of no compilation or analysis of such deviations from governmental norms, but that it is enormous can hardly be questioned.

The primary interest of this conference, however, is with that class of deviations from norms, norms ordinarily backed up by government, which involve alcohol in the deviator. There has been a great deal of nonsense published on this topic. For example, statements to the effect that alcohol is the cause of 13 or 43 or 83% of all crime or that 13 or 43 or 83% of all those in penitentiaries or of all murderers are there or so acted *because of alcohol.* I call such statements ridiculous only from the point of view of objective observation, recording, analysis and interpretation; from the viewpoint of a particular propaganda campaign they might be judged effective.

What is the impact of alcohol on the central nervous system? For our purposes the impact may be described in three major classifications. The first of these is a reduction in sensitivity to cues calling for this or that behavior. This need not mean that all such sensitivity decreases. For instance, sensitivity to a particular type of cue might even be enhanced. This would not be because of the alcohol but because of other factors in the situation. For instance, in the earlier cited case of the mythical Mr. Jones driving home after more drinks than usual, it was pointed out (a) that he kept the speedometer below 31 m.p.h. and (b) that he kept the car constantly on the extreme right side of the road. He was almost certainly *more aware* of the side of the road and *more aware* of the speed indicator than usual. His sensitivity to the relevant cues was enhanced. However, his awareness of cues in general, and especially his awareness of unusual cues or of cues somewhat peripheral to the immediate target on which he was centering, this awareness fell well below his usual average.

Closely related to this reduction of sensitivity to cues is a similar reduction in what I will term over-all intellectual production. Again, we should note that some intellectual functioning may actually improve. For example, if individuals are given word association or similar tests when without alcohol and then given word association or synonym or example tests when they have had a few drinks, perhaps 4 to 6 ounces of whisky, they will usually produce more associations or synonyms or illustrations after they had had the whisky. Since the purpose was to produce associations, there can be little question but that they did "better". On the other hand, some of the associations or illustrations tend to be, shall we say, a little freer than the test makers had anticipated. If asked to list all the types of tree they know in 40 seconds, the alcohol user may well list family tree, hat tree, tree of life, tree and tree make six, tree tops, up a tree as well as laburnam, oak and cedar. What might be called judgmental control, what might be called thinking in balance with demands of the total situation, seem to be markedly reduced even though this or that specific sub-part of the whole might be of a superior order. Perhaps it would be in order to say that, other things being equal, response to the *over-all* reality situation becomes ill-balanced as the amount of alcohol increases. Total cues for the total situation are not well sensed.

A second sort of impact has to do with the reduction of power of learned behaviors as those behaviors are restrictive of individual, especially immediate ndividual, gratification. For example, some of the most difficult learning for any member of a group, learning which every child goes through with great expenditure of energy (his own, his parents and others) relates (1) to taking turns (which means someone else goes first), (2) to sharing (which means someone else gets at least part of what I want, often the best part or the most), (3) to being unobtrusive (which means someone else gets the spotlight, gets the credit or tramples over me at no cost to him), (4) to being peaceful (which means I shouldn't slug the obvious villains who are most unfairly hurting me), (5) to postponing immediate material gratification in order to achieve long range goals, and so on. These are values of basic importance to perhaps 90% of our society, incorporating all but a few at the very top and very bottom of the class structure. They are hard, hard lessons for the individual. Other things being equal, alcohol will temporarily reduce the power of that learning. This is the sort of learning often referred to as inhibition.

One aspect of these learnings relates particularly to their internalization, to their incorporation within the self. By this I refer to the process by which the person becomes, so to speak, his own policeman. No longer is it necessary for mother or teacher or other specified social role player to be present and see to it that when the cake is passed, little Johnnie isn't always first in line, always grabbing the biggest piece, always pointing out to the others that he was the first with the mostest, or always screaming with pain if he didn't get the most or grabbing little Whilemina's piece for his own. What happens is that Johnnie polices himself. This is the essence of the negative side of the socialization process. The first step in activating this process is recognition that the self has violated the rule; then come self-arrest, self-prosecution; self-judgment and, if adjudged guilty, self-punishment. Alcohol, other things being equal, reduces the efficiency of this process. Please don't feel that it just reduces the process. It may enhance the process with the person seeing violation by the self that the rest of us don't see, with dramatic self-arrest, flamboyant prosecution, oratorical judgment, and self-lacerating punishment. This can be highly inefficient for any social activity. What is usually spoken of in this context is the reduction of self-judgment or, in a very general sense, the reduction of self-control. Recognizing one's own inefficiency, irrelevancy, errors and the like is a very painful technique to learn. This learning is readily reduced in potentiality and efficiency with alcohol in the central nervous system.

The third impact of alcohol deals with reaction time, bodily coordination, balance, physical accuracy and the like. Again, there is a loss of efficiency.

In all three of these areas of impact of alcohol the following must be kept in mind:

(1) The relevant status of the individual prior to and at the time of alcohol use: (a) general; (b) particular.

(a) Alcohol tends to reduce efficiency of a specific individual, not of some abstract human being. This is true of sensitivity, of learned

socialization and of physical abilities. The reduction in efficiency is relative to the efficiency of the human container. Following ingestion of a given amount of alcohol, the same for two people, one does not expect the same behavior to appear if one was a highly sensitive, intensely socialized athlete and the other an insensitive, casually brought up, and physically inept example of the obese.

(b) Immediate moods or particular physical statuses of the individual just prior to and at the time of using alcohol can also enhance or constrict the expected impact of alcohol.

(2) The demands of the situation at the time of alcohol use: (a) general; (b) particular.

(a) Some situations demand great sensitivity to cues, great capacity for use of learned socialization and maximal activation of intellectual and physical abilities, e.g., driving a car on crowded highways. Other situations demand a minimum of all three, e.g., a few men watching a television show at their bachelor friend's apartment on a holiday afternoon. It is of particular importance to note the definition of the drinking situation by the drinker's group; the drinking custom frequently changes general expectancies, norms, privileges and so on from those which would obtain if the situation were approximately the same except for the difference, drinking.

(b) Special factors in the situation may enhance or constrict the expected effect of alcohol. For example, the presence of certain persons, e.g., a prestigeful boozer is with the group or one's teetotalling boss joins the group. Similarly, being a host or experiencing a sudden shock or receiving very good news can greatly change the impact of alcohol.

(3) The amount of alcohol proportionate to the central nervous system and very probably the matter of whether the ratio of alcohol to the system is on the rise or is falling. In general, the more alcohol, the more effect.

Taking these three effects of alcohol, it is possible to classify certain behaviors called crime and propose some general theses about the impact of alcohol in the central nervous system on such behaviors.

For example, there is a class of criminal behaviors called professional crime. Professional crime may be distinguished from amateur, occasional or neurotic crime in terms of certain characteristics of those who commit the act; (1) they are skilled operators; (2) they learned their trade through a series of contacts with other professional criminals and through experiences calling for increases in responsibility and "know-how"; (3) they show recognition of each other; (4) they possess a distinct occupational jargon; (5) they are aware of mistakes, of bad luck, and of failure to react *without* hysteria or blind trial-and-error re-

sponse in such situations; (6) they know how to capitalize on success just as they know how to respond to apprehension or failure; (7) they recognize, mutually with other professionals, common enemies, common customers, common associates; (8) their specialty has become incorporated with the rest of their daily social existence and is a regular way of life.

The impact of alcohol on the central nervous system on the behavior of a professional criminal when he is fulfilling that role will in all probability be very slight indeed. If it has any observable effect, the person will surely tend to lose status with others who are important to him. Because his profession is always subject to attack by society, he has greater need than professionals in socially acceptable fields for sensitivity, learning and, frequently, physical efficiency. In this area of the criminal field we can say with considerable confidence that alcohol and crime do not mix.

This is not to say that professional criminals do not drink. But that their drinking custom encourages or allows the use of alcohol to the extent that it could reduce efficiency while professional activity was likely, this is quite another matter. Are there professional criminals who use alcohol beyond the limits tolerated by their group? Very probably there are, just as there are physicians, treasurers of large corporations, engineers and lawyers who use alcohol to the point that it interferes with their efficiency. In fact, among the failures and 3rd raters of the professional criminal category, the number of excessive users may be fairly large.

The question posed by many persons, however, has to do with cause: Did his use of alcohol cause the professional crime or did his use of alcohol cause the individual to become a professional criminal? The answer to this question is largely negative. For the most part, his use of alcohol if it at all reduced his efficiency, would keep him from such occupational activity. Please note that a sharp distinction is being made between drinking and that use of alcohol which leads to inefficient behavior. Certain thieves may drink, perhaps 90% of them, but to state that this is causally correlated with their profession is not much more sensible than noting that most of them eat or wear clothes. The correlation is probably 100% in these instances, but it is still a rather silly correlation if the question concerns causes of their occupational behavior.

In some types of less professional crime the role of alcohol may be more significant. For example, three late-adolescent boys steal a car. They are not professional car thieves. Their main purpose is to go joyriding, show off, do something exciting, and so on. Let us say that they would not know how to turn the theft into a commercial venture and that they plan to leave the car on a side street when the gasoline is used up or when the game or party is over; they might pick up anything of value in the car, even try to sell accessories to a junk dealer, but primarily they are stealing for use, not for profit. Let us also say that one of the three boys has taken cars in this fashion ten times, one of them four times and one of them never. This could all happen without any of them having a drop of alcohol in the system. However, let us add that one or two or all of them had had about four ounces of whisky in the preceding

hour. It would be quite reasonable to postulate that the desocializing or de-social-learning or uninhibiting function of alcohol could have made this car theft action more possible for one or even for all three of the boys. To state, however, that such use of alcohol was the crucial cause, the most significant cause, of their action is going beyond reasonable interpretation.

Did the alcohol affect the total behavior of the total theft episode? That is a very different question. Was the driver of the car affected? Did the other two stimulate the driver differently because of the alcohol in the system, and so on and so on? Other things being equal, the probability is that as the amount of alcohol was increased up to the point of intoxication (when effects would begin to slow down all efficient behavior) any uncontrolled, individualistic tendencies would be increased. That this explains the theft, however, is a dubious proposition; it just might have helped to allow the theft to occur.

To turn to another type of crime, physical assault (and let us include all degrees of ensuing bodily damage from a kick in the shins to homicide) the role of alcohol would seem to be much greater. It should be noted that physical aggression may require very little planning or preparation. For instance, the three boys in the car stealing episode might just have been standing on a street near an attractive car and the car itself might have triggered the very idea of joyriding. In many instances of such car theft, however, a certain amount of planning, searching, and the like must precede the act of theft. Much assault, to the contrary, can occur at the drop of a hat.

To state that alcohol is the cause of an assault is perhaps somewhat misleading. It is probably advisable to indicate a little more precisely the role of alcohol which is *by itself* not too significant as a cause as the slightest observation and recording will readily indicate; an enormous number of assaults occur without alcohol and the number of instances of alcohol use *not* followed by assault is probably 100 or 1000 times greater than instances in which it is so followed.

It is worthwhile to return to the three functions of alcohol and to the three provisos stated earlier in order to gain a clearer picture of the role of alcohol use in this sort of crime. Alcohol tends to reduce learned social controls, especially those which call for self-control of such matters as taking turns, sharing, unobtrusiveness, peacefulness, foregoing immediate gratification. Alcohol reduces sensitivity to cues for appropriate social behavior, especially sensitivity to over-all cues stemming from an over-all perception of the total realities of time and place in balance with the specific stimulus. Thus, alcohol can reduce self-control, can allow extreme sensitivity or no sensitivity for some stimuli and can allow unbalanced perceptions of the whole setting. So much analysis makes it very simple to see why assaultive behavior would increase with alcohol use. However, it must be remembered that most, in fact the overwhelming majority of, instances of alcohol use is *not* accompanied by assault.

Two of the provisos are important for this: one, factors in the individual, general and special, and two, factors in the setting, general and special. First, individuals in our society have all been socialized to some degree, but some have

been socialized more than others. Generally, as one moves from lowest social class position to higher (not necessarily the highest) positions, the negative socialization tends to become more circumscribing and more elaborate. This is very noticeable in relation to the forms of allowable, physical aggression which are increasingly restricted as one moves from lower to higher social class position; within the classes the restriction is usually greater for females than for males. The implication from this is that many persons have less negative training about expressing physical aggression and that as a result the barriers for alcohol to reduce are much lower for some members of the society than for others.

Society is not dependent alone upon the efficiency of indoctrinating negative controls within the individual. Powerful controls are present in associates. But the rules which associates will attempt to enforce are not the same. In lower social class settings the rules are frequently more permissive of manifestation of physical aggression than rules are in middle or upper middle class settings. To this general differentiation of social settings must be added the drinking custom setting. In one grouping, drinking may by definition allow greater expression of aggression than is allowed in most non-drinking settings; this is almost surely the case for the great majority of drinking groups in our society, although often this means an increase in verbal or symbolic rather than in physical aggression in middle and upper class groupings.

Still a further matter about assault — it inevitably involves two people — often it involves many. Even if only one of the two has maintained his socialization and balanced sensitivity, the assault may be avoided. Either the insulter or the insulted may manipulate the situation so that the deviant behavior does not advance to assault. Further, one or three or ten others may intervene if the potentiality of what they consider to be major deviation appears imminent.

Finally, the amount of alcohol in one or both of the parties may reach the point at which physical dexterity is significantly reduced. This can reduce either offensive or defensive skill, perhaps both.

In our society the assault considered most criminal is that resulting in death. This is clearly a violent and extreme deviation. This is almost always a violation of socialization and of immediate social order. It is probably the felony most highly correlated with alcohol use.

Wolfgang's study of 588 homicides in a five-year period in Philadelphia (Q.J.S.A. 17: 411–425 (1956)) is an excellent presentation on the subject. Alcohol was present, either in offender or victim or both, of 64% of the cases. Of the 374 cases in which alcohol was involved, it was true of the victim only in 54 or 14%; it was true of the offender only in 64 or 17%; it was true of both victim and offender in 256, or almost 70%.

Do not believe for a moment that these homicides bear any resemblance to the upper class intrigue, planning, and deviousness so characteristic of our Anglo-American detective stories. The great majority of the cases involved stabbing (228 of all) or beating by fists, feet or blunt instrument (128 of all);

these cases made up 356 of the 588. And of these 356 over 70% involved alcohol. When it came to 194 shootings and 38 cases involving other methods, only 50% involved alcohol.

I do not need to tell this group that the great majority of these homicides did not consist of assault upon unknown strangers; they were quarrels between people over money and over marital partners and they were primarily members of the lowest social class groups. And as you are all undoubtedly aware, an extraordinarily large percentage occurred on Fridays, Saturdays and Sundays, 386 in fact instead of the 3/7ths or 252 which would have been average expectancy.

This instance of homicide is presented in this much detail to indicate that even in the case of a type of crime, perhaps the type of crime, most closely correlated with alcohol use, the role of alcohol as a causative agent is clearly and without question only *one* of many causes. The instance is presented to indicate that the individual and the setting are necessary components, that if either one of these, whether in general or in specific uniqueness, is changed, then the end result may be, in fact from a statistical point of view, *will be* quite different. That alcohol use is *a* significant factor in many, perhaps most, American homicides is hardly to be doubted. However, that alcohol use is *the* significant factor in American homicides is clearly not the case.

Three other classes of criminal activity may be mentioned: one, the psychopath who commits a crime while or after using alcohol; two, the typical American alcoholic who commits a crime; three, the lowest social class drunkard.

In using the term psychopath I am here referring to an individual whose responses to situations, to ideas, to things and to people are frequently bizarre and upsetting to others, an individual whose emotional responses seem uncertain, of no depth in the expected, usual fashion, and who certainly shows a lack of both positive and also, especially, negative socialization. In other words the individual in his motivations and in his behavioral manifestations is markedly deviant, and the explanation of this is presumed to lie inside the individual. That certain elements in the surrounding situation may trigger this person's deviance is not denied, but the same surrounding factors do not have such potential for the overwhelming majority and frequently the relationship of the surrounding factors seems irregular or the connection quite unclear. Of great danger is the psychopath with a high I.Q. rating who can effectively manipulate accepted social values but who may do so without the psychologic involvement which this ordinarily implies. This individual, no matter whether a more specific diagnostic label is applicable, may become even more dangerous when alcohol affects his central nervous system. It may act to reduce even those tenuous and irregular social controls which he does seem to possess. The important distinction for present purposes is that the individual is a deviant behaver, that the background of this condition does not apparently lie in his drinking history, does not lie in current situations, but lies within him and is of a psychologic nature. With alcohol, his potentiality for manifest deviation is increased. That the ensuing deviance will call for governmental action is highly probable.

The alcoholic of the so-called dominant American type is characteristically a person who has gradually become dissocialized along with his chronic excessive use of alcohol. This use of alcohol has played a significant part in this dissocialization process. His deviations were first limited to the drinking situation, but became sufficiently marked that two things happened: one, drinking was no longer acceptable as a way of ingesting alcohol; two, deviations began to spread to non-drinking situations; if the process continued, depersonalization began to set in so that a sort of psychopathology emerged. Alcohol became increasingly necessary as a sort of chemical comforter and thus a vicious circle emerged with alcohol leading to further social and personal disorganization which in turn lead to even greater need for chemically provided relief. What is so peculiarly irritating to others is that this person can be acceptable and even attractive for days or weeks at a time and then unexpectedly shows his deviancy.

Criminal acts following upon this development seem to follow a sort of pattern. Starting as deviation from drinking accompanied by deviation from almost any pattern, deviation clearly to be classified as resulting from temporary effect of outside agent on the central nervous system, the government will be called in to meet situations in which property is damaged or noisy disturbances occur or fights break out. It is drunken behavior; probably immediate social situations or specific, temporary emotional feelings will determine the form of the deviation. However, as the desocialization increases, what seems to the public to be more serious misbehavior occurs; explanation in terms of accident and mistake or excuse because of too much alcohol is less and less tolerated. His deviations seem to become more criminal.

Almost the opposite progress can be seen in at least one large class of what have been called common drunks or chronic drunkenness offenders. Here we have the young person of low or lowest social class background who frequently acts out aggressively in such ways that the government steps in to stop and usually to punish, perhaps to institute some rehabilitative measures. Theft, vandalism, gang fighting, robbery, in fact almost any form of felonious to say nothing of delinquent behavior may appear. Regular home life as a child, regular educational achievement, regular start in a job career, and regular start in matrimony are all irregular or just absent for this person. The aspirations of his parents for him as a middle class person were very low and it was, so to speak, a self-fulfilling prophecy. Very often there was no home life in terms of any middle class model. Between the ages of 13 and 30 this person could probably be called a criminal. He probably drank, although this would not have been a particularly salient aspect of his life. Following age 30, however, a change set in. Now the felonious and energetic deviations sharply decrease and heavy use of alcohol with resultant arrests for drunkenness becomes a more and more frequent occurrence. This pattern has been described in some detail by Pittman and Gordon in their book, *The Revolving Door*, based on a study of county penitentiary inmates in Rochester. McCarthy and Straus have pointed out both the differences in drinking activity and in the addictive qualities which

this group presents when compared with the dominant type of alcoholic seen in clinics and in Alcoholics Anonymous.

That the behaviors of these men are properly labeled criminal from an objective viewpoint cannot be questioned: they are constantly being arrested, judged, and sentenced by governmental authorities. Whether this *should be* a governmental activity is another matter. That their behavior is heavily influenced by alcohol use is equally unquestionable. It seems fairly clear that this category was undersocialized from the first — undersocialized in so far as the negative process was concerned (as their adolescent and young adult life clearly showed) and undersocialized in so far as the positive side of that process was concerned — they had no very strong life goals and, although not necessarily satisfied with life, they were certainly not anxious, shamed, guilty, or remorseful in the fashion of the middle class alcoholic who dropped down to skid row, "the lush". He could at least in theory go *back* to social living or be *re* habilitated. The category considered here has no socially acceptable setting to which to return and few if any assets for making such a trip even if there were a destination. They probably would have to be "habilitated", if the goal were a middle class way of life.

These types of chronic deviation associated more or less significantly with alcohol use, deviations resulting in negative governmental action, are hypothesized as being (1) quite different from each other, (2) quite different from the deviations shown occasionally by regular members of the society who are heavy social drinkers (3) quite different from the deviations of beginning drinkers or new members of the society who also start using alcohol, and (4) quite different from deviators from rules about alcohol whose own behavior is utterly unaffected by action of alcohol on the central nervous system.

This does not mean that there are not common factors involved, does not mean that there is a lack of relationship between them all. There are very clear interrelationships. What it means in a very immediate sense is that policy setting and administration and education and evaluation of all three will have to be more discriminating in approaching these problems if they are to be rationally effective.

That alcohol problems will have criminal aspects is an inescapable conclusion for our society in this era. This stems from the conflict of norms about alcohol use, from the fact of weakly structured norms about drinking, and from the effect of uncontrolled use of alcohol on individual behavior. Much of the conflictful and deviant activity which ensues will be made the responsibility of government agencies. Complicating the task of these agencies is the rather obvious fact that other deviant situations and otherwise formed deviant personalities (that is, problem provoking personalities and situations quite unrelated to alcohol) can take on alcohol problems and alcohol can affect these other problems — usually multiplying the deviation and the difficulty.

If this alleged overview can serve to show means for separating the complex whole into at least some possibly manageable parts, then it will have served a purpose.

Professor Bacon is a professor of Sociology at Rutgers and Director of the Rutgers Center of Alcohol Studies. He was formerly professor of Sociology at Yale University and Director of the Yale Center of Alcohol Studies and the Summer School of Alcohol Studies from 1950–1962. During his long association with the area of alcohol studies he was for fifteen years Chairman of the Board of the Connecticut Commission on Alcoholism, past Secretary-Treasurer of the National Council on Alcoholism, and is currently a member of the American Medical Association's Committee on Alcoholism as well as the Industrial Medical Association and the American Sociological Association. He is the author of several books in the field of alcoholism and has contributed numerous publications which have appeared in a variety of journals.

Alcoholism and the Arresting Agency

Robert F. Borkenstein
Chairman, Department of Police Administration, Indiana University

I should like to preface this presentation with a few words about the role of police agencies in the total framework of the administration of justice. This thought was touched off by the title assigned this section of the program, *Alcoholism and the Arresting Agency*. The progressive police agency of today considers itself a social institution with its charge the gaining of compliance with laws that tend to promote harmonious existence in our gregarious society. The intention of law is to harmonize the ideas of conflicting groups. It is the charge of police agencies to enforce these laws with sufficient energy to protect society and at the same time respect the rights and liberties of the individual. When considered in this concept, the term "arrest" becomes an important but relatively small part of the total police function. The actual process of arrest is a last resort to be applied to that small number of people who stubbornly refuse to respect their responsibility to the community.

The most significant contribution of an effective police agency to public safety and the administration of justice is the suppression of violation of the important elements of the criminal code. While the apprehension of violators is the most direct and measurable product of this activity it is but one plane of a multi-faceted surface. Effectively communicated public information based on facts plus effective police symbolism, i.e., the uniform, the marked car, the motorcycle, the side arm, etc., can largely suppress violation. The common sense of most people will cause them to comply. For those who are more obstinate, the example of others who are apprehended and convicted tends to inhibit. Then there are those who refuse to comply at all. For them there is no alternative for the police but to arrest and prosecute as energetically as possiblef

There are certain well-known factors that tend to alter civil behavior o. otherwise law-abiding citizens to such an extent that there is a high correlation between their presence and increased tendency to commit anti-social acts that place these people in the category requiring last-resort police action. Many of these such as certain diseases and mental disorders descend on individuals spontaneously and are quite beyond conscious control. However, there are others, particularly alcohol and the narcotic drugs, that result in conditions voluntarily induced by the person himself that may violently alter civil behavior. It is this element of volition that brings these factors to grips with the criminal law. The element of intent is common to the corpus delecti of almost all criminal acts. Thus it is the voluntary lessening of the ability of the citizen to cope with his environment in a law-abiding manner resulting from the excessive use of alcohol or narcotics that causes this condition to be of interest to law enforcement officers. The regulatory and revenue aspects usually are relegated to special enforcement agencies.

Before the advent of the industrial and motor era early in this century, problems of the interaction between alcohol, narcotics and society were relatively unimportant and unrecognized. The use of narcotic drugs carried little more stigma than the taking of analgesics today. The per capita consumption of alcohol had reached almost unbelievable proportions. In the absence of enlightened medical technology the use of such "brain deadeners" made life bearable for many afflicted people. They were the aspirins of the day. With the coming of the industrial age and its requirement for more skillful man-control of the machines of industry and transportation, new demands were imposed on the human element. These demands were extended to the more intense social responsibility that resulted from urbanization and its attendant congestion. Deliberate lessening of the individual's awareness to social responsibilities could no longer be tolerated to the extent that it could be in a day of lesser pressures.

The industrial and motor age did not grow gently on the American scene. It burst as a torrential downpour. The rapidity with which its problems swept the country did not leave the average person time to adapt himself to the needs and concepts of a new notion of the pace of life — the speed of a horse and buggy is still well within the memory of many people as the measure of speed of that day.

Early recognition of the interference of alcohol and narcotics with civil harmony resulted in actions that brought their use into the domain of law enforcement. However, the courses taken to control the narcotics factor were quite different from those taken to control alcohol. The control of narcotics has been largely within the domain of consent while that of alcohol has been almost entirely in the domain of force. The use of narcotics was deliberately and effectively stigmatized so that today the user of narcotic drugs is generally a social outcast. Abhorrence of narcotics by the average citizen is approached only by the revulsion of a serpent. Compliance with the anti-narcotics laws for the vast majority of citizens is highly voluntary.

However, attempts to control alcohol by these tactics did not meet with the same fortune. During a moment of legislative weakness, interested groups succeeded in having the National Prohibition Act passed in 1919 without having first gained popular support for the act. This was followed by an attempt to obtain compliance by force in the form of vigorous law enforcement. Thus an attempt was made to obtain by force the effect that had been successfully obtained concerning narcotics by consent. A bitter defeat was encountered under which the American society is smarting to this day. Extensive drinking of alcohol is neither accepted as a sin nor as an integral part of our culture by the majority of people. The student stein of Heidelberg is unknown officially to the typical American college campus.

Validity of prohibition as a part of the criminal codes of the various states was questioned in the average citizen's mind because of great lack of either scientific or common-sense evidence of the effect of alcohol on social behavior. This has resulted in polar differences of opinion ranging from complete permissiveness short of public drunkenness to insistence on total abstinence. This

"wet finger to the wind" tendency to form an opinion is dramatically exemplified by a statement made by Henry Ford when the repeal of the Volstead Act was being considered. He said, in 1929, ". . . if the law (Prohibition) were changed, we'd have to shut down our plants. Everything in the United States is keyed up to a new pace . . . the speed at which we operate our motor cars, operate our intricate machines, and generally live, would be impossible with liquor".

Thus during the half a century since the repeal of prohibition American society has been forced to tolerate alcoholic beverages as a legally-accepted facet of life. However, its control has occupied considerable legislative attention. In the criminal code of the state of Massachusetts four pages are devoted to sex offenses, four to burglary, six to murder, and at least eighty pages to laws dealing with alcoholic beverage control.

Laws in the criminal code dealing with alcohol fall roughly into four categories: (1) those that deal directly with danger to public safety and loss of skill or judgment such as those prohibiting driving a motor vehicle while under the influence of alcohol; (2) those that reflect the moral attitude of the society they affect, such as prohibition of sales of alcoholic beverages to minors; (3) those that reflect the attitude of loud minorities, such as prohibition of sales to women at bars; and (4) those that deal with licensing, revenue, and attendant problems, such as with the sale, purchase, or the handling of untaxed beverages, or sale by unlicensed dealers.

Since prohibition, much evidence of scientific nature has been developed to give ample justification for the passage of laws making the excessive use of alcohol in public a criminal offense. In order to fill the mandate of preserving domestic tranquility, from the standpoint of the police, the only laws that are worthy of enforcement are those dealing with public safety. In this light, public safety includes not only road traffic safety but also protection against criminal offenses of a violent nature. Revenue and regulatory legislation are usually enforced by special and limited-jurisdiction enforcement agencies, such as excise police, alcoholic beverage commission agents, etc.

One of the principal problems facing police agencies in handling drinking subjects is that the mere presence of alcohol is not usually a violation of the criminal code. Due to the widespread permissiveness with which alcohol is mantled, only its misuse comprises anti-social behavior. Therefore from the standpoint of enforcing the criminal law, proof of anti-social effect of alcohol becomes a quantitative as well as a qualitative investigation. The fact that a driver has the odor of intoxicating beverage on his breath does not constitute proof of driving under the influence. Alcohol must be shown to be present in sufficient quantity in the blood of the individual to account for his abnormal behavior before arrest and prosecution can be effectively initiated.

In general, criminal law has been little concerned with the medical-social aspects of drinking. Whether a subject is a chronic alcoholic or if he is on his first "toot" is generally of little concern to the police. The injury to public security in either case is the same in their eyes. They consider chronic alcoholism as a personal problem for the drinker. The only concession the law has

made to this problem is provision in some states for voluntary commitment of alcoholics to state hospitals in lieu of criminal prosecution. It is an open question as to whether a police officer should be charged with doing a social background investigation on the individual who has offended society by alcoholically influenced acts. On the other hand, it is the self-imposed charge of modern policing to suppress crime-causing factors. Perhaps a closer liaison between police, prosecution, courts, and corrections would result in greater justice to both society and the individual. This is not an untested statement. Institutions such as the Clinic of the Recorder's Court of Detroit are living examples of such sensitivity to the needs of the community and the individual.

Police action generally is taken only when the effects of alcohol are sufficient to imperil the safety of the public, including that of the drinker himself. This action may be intended to prevent criminal acts that might be catalyzed by alcohol, reckless or injudicious operation of a motor vehicle because of alcoholic influence, disgusting or obscene acts often associated with public drunkenness, or possible injury to the drinker himself because of his inability to protect himself. This is a practical approach taken by practical men.

I should like to return for a moment to the remarks I made at the beginning of this presentation concerning the role of police agencies in the total framework of the administration of justice. This framework comprises a wheel made up of four sectors: enforcement, prosecution, judgment, and correction. The highly-practical policeman looking only at his segment of this context, and even narrowly at it can hardly be expected to recognize the importance of the whole.

Earlier I discussed what the attitude of the policeman to the total picture should be, and is indeed, in many progressive police organizations. However, most police agencies have not arrived at this stage and the handling of alcoholically-induced situations is intended to relieve the anti-social situation without much consideration being given to the long-term correction of the involved individual by modern, effective therapy. The therapy used is only too often sobering up in jail or being taken home. This is not entirely the fault of the police agency. One must remember that the laws controlling alcoholic behavior are in the criminal code and practically all carry criminal penalties. It is within this framework that the police officer is obliged to work by his dedication to the enforcement of the law. Humane handling of arrested subjects is becoming more and more a fact. Under the existing laws in most states the course of the police officer is fixed. It is for him to deliver a subject to prosecution and judgment through a legal and humane procedure. The question is: what should the character of the evidence he presents against the individual, so arrested and charged, be? Should the case comprise only the facts surrounding the anti-social act or should it also contain the fruits of a thorough investigation of the person's character? I have heard many judges state during trials for driving under the influence of alcohol that they would like to know more about the defendant's background and drinking habits. In most jurisdictions, unless a police officer through his investigation can offer these facts, the court can gain this information only from the biased lips of the defendant. Factual infor-

mation gained by competent fact-finding can be of immense help to the prosecution and court and can bear heavily on the character of the penalty to be invoked by the court and the action that can be taken by corrections.

Another pertinent question that must be included in a discussion such as this is: what is the effect on criminal responsibility caused by alcoholic influence or physical or moral degradation accompanying chronic alcoholism? There has been a tendency in many serious crimes to attempt to remove criminal responsibility by showing that the subject was, at the time of the crime, too drunk to know what he was doing or that through long, abusive use of alcohol that he is "sick". This concept has been recognized as valid in many foreign countries to a much greater extent than here in America. This, without a doubt, relates to our non-objective puritanical background, reflecting non-acceptance of alcohol as a part of our culture. It is the opinion of many eminent jurists that we treat the chronic alcoholic too harshly in many of our jurisdictions. Our laws reflect our mores and police officers are charged with the enforcement of the law. If our mores dictate harshness how else can a police officer act?

What is the answer to this problem? Certainly not the changing of laws without preparation. This would bring law into conflict with current standards of public morality and would make the laws unenforceable. The answer is certainly not entirely in the training of police officers. We recently had the experience of inviting an alcoholism group to teach at a basic police school. I quite agreed with their concepts. However, their teachings would have brought any police officer using them into immediate conflict with his fellow officers, his supervisors, prosecutors and the courts, because this approach is not compatible with the laws as they stand on the books or with public attitude. The answer seems to lie in the influence of the mores of our society.

By effectively communicating the results of acceptable scientific research, correlating cigarette smoking and lung cancer, a public-persuasion program is currently being successfully executed in England. Cigarette smoking has dropped drastically. Whether there will be spontaneous recovery or whether a new trend has been set is impossible to say at this time. However, during such a period of firmly-imbedded public acceptance, sound laws can be instituted and enforced with significance because the evidence is there. In such an atmosphere, vigorous police action, both in prevention and enforcement, can be taken.

It is obvious that all laws comprising the criminal code cannot receive equal attention. Only those that have been shown to interfere drastically with public safety and welfare can receive emphasis. Thus, if alcohol, alcoholism, and their correlates can be shown by research to have strong anti-social connotation, the diverting of a substantial share of law-enforcement effort to them will be warranted. We in the Department of Police Administration at Indiana University are currently engaged in a three-phase project involving the drinking driver. The first stage, now in progress, is the development of evidence of the ratio of frequency of alcohol occurrence in accident cases to a control group.

The second phase will be the development of a public-information program that will be intended to communicate this information to every person who should be concerned, and the third phase will be the execution of this information program and the study of its effects over a long period of time.

By such positive action it is our opinion that the climate in which law enforcement agencies operate can be much improved and that the laws that they enforce can be based on factors more directly affecting public safety than on the whims of legislators. The voluntary compliance of much greater numbers of people minimizes that last-resort policy agency action — arrest.

These are my observations of what the relationship between alcohol and the arresting agency is, what it should be, and what it can be.

Professor Borkenstein is Chairman of the Department of Police Administration at Indiana University and Director of the Indiana University Center for Police Training. Over the last 22 years he has been Director of the Indiana State Police Laboratory, holding the rank of Captain. He is a member of the National Safety Council Committee on Alcohol and Drugs and the British Society for the Study of Addiction to Alcohol and Other Drugs. During his long career in police science he has been a member of the Harvard Associates in Police Science, the International Association of Chiefs of Police, and the Indiana Committee for Coordination of Police Training. He has attended international conferences on Alcohol and Road Traffic in Sweden, Canada, and Austria; and most recently attended the 37th International Conference on Alcohol and Alcoholism at Stockholm, Sweden.

Discussion:

Charles F. Mahoney, LL.B.
Special Justice, Boston Municipal Court,
Boston, Massachusetts

I was particularly pleased to be asked to join you tonight in considering a subject which has long been one of great interest to me. During my days at law school, which are not too long ago, I used to wander over to the Pemberton Square Court House and observe, as a neophyte, what took place in that old edifice. I remember an impression that I carried away from those many morning and afternoon visits there of the literally hundreds of individual human beings that one saw before the so-called bar of Justice. They were people who certainly were profoundly sick, injured, or pathetic souls, yet who nonetheless were parading methodically along a course which had been prescribed by Legislative statute and by Judicial process, bringing them to a kind of result that was at best shocking, irresolute, unproductive and wasteful of human energy, human value and resource. So at an early point, it made a very indelible impression upon me regarding the efficacy of law, the importance of law, and the disparity between law and human understanding, knowledge, and compassion in our society. And I must say that these early, somewhat youthful impressions have certainly not been dulled by subsequent experience.

There are some questions I would like to raise in reference to a number of points which were made in Professor Borkenstein's paper. It seems to me that what we are really raising here in this discussion of the arresting agency is the broad question of the nature of law in our society, in our time, in our kind of country, in our kind of political system. We are raising questions as to what the basic nature of this law is, what it is made up of, how it is made up, what its purposes are, what its thrust is, and what its correlation is with the information, the feeling, the knowledge, and the scientific achievements of our time and society. It has been suggested in his paper that the intention of law is to harmonize the ideas of conflicting groups. I think this is a very fundamental proposition of the Professor, and certainly open to question. Nonetheless, the Professor has raised the question in terms of the application of the laws relating to alcoholism. It seems to me the fundamental problem is the gap between scientific and medical understanding and the understandings which become embodied in our laws, in our regulations, in our rules; and of the despair and conflict that is raised between this ever-evolving body of scientific and medical knowledge and the more languid approach of our legal processes in catching up and correlating this information with the law. Certainly this gap is enormously apparent in virtually every area in contemporary life. It shouldn't be surprising that these gaps exist, although it may be more painful for people such as yourself who are working on the side of law enforcement oriented towards rehabilitation. But this gap is certainly nowhere more apparent than in the field of alcoholism, at least in our own state. Nothing could be more

depressing than to see the inexorable application of these laws each day as they exact their toll, this enormous waste of human energy and human resources. There is a great need for a re-examination of the concept of the law in this area and of the role of the arresting agency, the enforcement agency, the correctional institution, and the parole agency. There is a need for greater liaison and for a far broader definition, and a much less negative definition, of the concept of law enforcement, into an area such as alcoholism where there is more light than there is, perhaps, in some other areas of legal difficulty in the criminology field. In this area there is a need to potently reevaluate and reappraise our concept of the role and of our various needs for prosecutors and parole officers, correctional institutions and hospitals. Each of these have to be broadly recast and reevaluated in terms of the thrust of the law and the intent of the law. It is easier, I suppose, to isolate as the Professor has done at one point in his paper concerning the motor vehicle aspect of alcoholism violation, areas where it is possible to define potential harm to a second or third party. But these areas, while they may seem more easy of definition, nonetheless give us very little satisfaction if we would look at the more difficult areas, areas where the individual alone is the violator, the sufferer, the individual in conflict with social mores, the individual from whom a jail penalty is extracted, or who is doing violence to himself and is perhaps only in a secondary, but certainly a most important way, doing violence to some children or a wife or a family. Soon we find ourselves profoundly involved again in the very nature of defining law.

It seems to me, therefore, that what really is raised is a need to attempt to set goals, standards, and definitions for the purpose of the law, at least in this more singular area. I would like to suggest to you an optimistic view. That is, as we begin to reappraise the evidence as to the greater potential to health and achievement of these individuals who are afflicted with alcoholism, it is possible for us to consider a more positive view of the law rather than a negative, punitive view. It would not be unwarranted, even, to postulate the intention of the law, rather than taking it as a common denominator, as the harmonizing role of bringing together conflicting views (a kind of realistic and negative view in a democratic society with the kind of human resources available to us), the view that we might measure these laws by the standards that would permit the maximum individual achievement, the maximum individual self-realization in a free society. It seems to me that if we could but turn our attention to this as the ultimate standard in the application and process of the law, that we are dealing in a very complex, highly pluralistic society and in a time of the greatest change and uncertainty, that if we could but reexamine law by the standards of individual realization to the greatest individual capacity, I think we could come much more quickly and much more justly to a kind of achievement which certainly we are not seeing in our courts under existing law.

It's certainly true that there are intermediate steps beyond the total reevaluation of our law by which greater justice might be achieved, and that is by the Legislature being willing to give far greater support to the courts in terms of providing probation and parole support and by providing case workers

and psychiatric social workers and all of the supportive tools of obtaining knowledge which are so fundamental. All of these measures, interim measures, would certainly be helpful, would certainly enable us, individually, to achieve more in any given court under existing law. But the law itself must nonetheless be reexamined, must bear the continuing test of reexamination and change if we are to but begin to achieve any degree of social or individual or political justice in an important and broadening area of the application of our law.

If I may, I would like also to raise another point that disturbs me as I read this paper. I think that there needs to be examined very closely the validity of the suggestion that alcoholism is essentially (in terms of the application of law and the application of the arresting agency) a voluntary matter. He contrasted mental illness, mental disease and other similar disorders as essentially visitory, non-voluntary, non-volitional as opposed to alcoholism which was regarded in the legal context as a volitional offense against society. I can only say to you that my most limited experience as a member of the bar and a jurist tells me that this suggestion of the voluntary nature of alcoholism should be very closely examined in the light of the knowledge of sociology, psychology, and psychiatry. It would seem to me that the use of the word "voluntary" suggests a slightly realistic concept of 20th century law. That the notion of "voluntary" as a deliberate concept is one which has, unfortunately, carried over from the common law, disturbingly in areas such as capital punishment, and to see it raise its head in an area in which there is already a very substantial body of knowledge seems to me unfortunate. The concept should be examined vigorously, closely, and challenged as to whether or not it merely is importing an 18th century rationalistic notion that may indeed bear no essential relevance to the standards that might be used in our own time and in the years ahead.

Another point concerning this paper is the suggestion that the law enforcement agency is a suppressive agency, an agency which under existing circumstances by the use of the emblem, the symbol, or force at its rawest point, directed its thrust toward suppression. Again, it would seem to me, we are dealing in a very delicate area of human life, in an area where words such as "suppression" may bear less relevance than other words which might lead us to look at causal factors and which might support roles of law enforcement agencies positively. It is a challenging notion to reexamine the mechanics of law enforcement and the more arbitrary definitions of agencies such as police, probation, correction, and the judicial agency; and to begin to look quizzically at the potentials in the next ten or twenty years of integrating the disciplines of public health and mental health with those of correction and parole, and indeed, of the courts, in some areas at least. To begin to take all of these notions and chase them down and say to ourselves: what new form might be cast to govern? what new combination of agencies might we have? may enable us to achieve a far greater level of integrated service contribution than we can now achieve within the very limited confines of our 18th century notions of executive, legislative, judicial agencies as they are now cast.

These, I suppose, have been somewhat rambling observations on a paper which I found very stimulating. It raised issues which it seemed to me as a lawyer focused on a much broader perspective of the very nature of law and the basis of law in our time as applied to a particularly difficult, particularly challenging problem in the social, scientific, medical area. It is one which I am sure everyone attending this conference will enjoy discussing and evaluating further.

Probation Principles and Practices in Alcoholism and Crime

William G. Sewall
Probation Officer, District Court of East Norfolk, Quincy, Massachusetts

The consideration of *Probation Principles and Practices in Alcoholism and Crime* calls at once for the interpretation of the Probation Officer's role in the court as an organization.

The Probation Department is the rehabilitation agency of the court and its success depends upon the cooperation of all branches of the prosecution, judicial and penal system. This is true particularly in the treatment of the problem drinker who has fallen under the formal action of the police and/or the court. This plan for rehabilitation of alcoholics and problem drinkers was established under the direction of the presiding Justice, the Honorable Kenneth Leland Nash of the Quincy District Court twenty years ago, and has received the continued cooperation of the Associate Justices, the Clerks, the Police Departments of the surrounding towns, and the Masters of the Correctional Institutions during that time.

The problem drinker is brought to the attention of the Probation Officer in several ways. Formally, because of arrest in the community for drunkenness and disturbance within the home or upon the way. Informally, when his problem is brought to the attention of the Probation Officer because of conduct within the home and family, relating to non-support; assault; vulgar, obscene and profane language.

It is the practice in the Quincy District Court that the Probation Officer interview the complainant in cases such as Neglect of Family, Assault and Battery, and Drunkenness. These interviews are usually assigned by the Clerk's Office or the Chief Probation Officer to Probation Officers specializing in a particular field or category.

When alcoholism or problem drinking appears to be of major influence, the complaint is referred to the Probation Officer specializing in the treatment of alcoholism. After receiving information from the complainant, first consideration is given to the question of inviting the offender to come to the Probation Office for an Informal Conference. This creates a mutually friendly relationship between the Probation Officer and the offender. During this conference a general biognosis of the offender is obtained. This information is taken on a prepared form which contains inherited and environmental factors that may be of interest in gaining and understanding the attitude toward the use of alcoholic beverages. Not only does this conference present the opportunity to evaluate the problem, but it also affords information relating to the personality of the offender. In an amiable relationship a greater spirit of accord results, leading to the presentation to the offender of agencies of help.

The role of the Probation Officer should be positive, rather than negative, as his theme is rehabilitation. The presentation of the negative factors resulting from drinking should be approached obliquely, never directly. The alcoholic knows the result of his misuse of alcohol and to reinform him is to repeat what he has already considered an infinite number of times. The Probation Officer should not assume the role of a fellow member of Alcoholics Anonymous. His position should always be one worthy of respect. Shortly thereafter the Probation Officer interviews both parties and a plan of assistance toward adjustment is outlined. This procedure will be considered later.

The problem drinker who is brought formally before the court by summons or arrest, comes to the attention of the Probation Officer by examination of the Court List and the official record of arrests, or chronological record of probation. This examination directs the Probation Officer to cases where there has been previous informal contacts and records in our Informal Files, as well as Formal records of arrest. The Probation Officer is then prepared to make recommendations leading toward assistance to the problem drinker. When the Probation Officer is properly prepared to make his recommendation to the court there are three suggestions he may make, depending upon the problem of the individual under consideration.

This brings us to the point where the forces leading toward rehabilitation are assembled in the mind of the Probation Officer.

(1) Determination of the patient's physical condition.

When a physical problem presents itself it is our policy to use the Clinic on Alcohol of the General Hospital. The patient is given a physical examination, which is followed by an interview by a Psychiatrist in the Clinic. This interview is followed by several weekly visits. Medication is prescribed as required and the Probation Officer follows the patient by regular reports from the Clinic.

If the individual is a mild, or an early offender, the Judge would be so advised and a period of continuance for disposition which might lead to final dismissal if, during that period of continuance, the offender corrected his conduct and accepted assistance offered by the Probation Officer. This assistance would include referral to a Clinic on Alcohol in our local hospital, provided by the Division of Alcoholism of the Commonwealth and/or a Group Therapy meeting which is held in the Court House each Saturday morning from 9:30 to 10:30, under the supervision of the Probation Officer assisted by Alcoholics Anonymous.

So-called Convalescent Homes for the "sobering off" and rehabilitation of alcoholics are of varied types. Those who cause the patient to "taper off" with the gradual reduction of alcohol intake. . . . Those who use sedation. . . . Those who use varied types of psychotherapy . . . each has its place. However, we must acknowledge that the single drink before a bout does not lead to sobriety, nor do succeeding drinks contribute to its accomplishment. It has been said many times that "the excessive use of alcohol cannot be overcome"

and that "sobriety cannot be achieved unless the patient wishes to do so." We believe that these statements cannot be generally accepted in the early stages of treatment because, under probation, treatment would be of no value with their acceptance. Many unpromising cases have brought surprising results.

The use of the Massachusetts Correctional Institution at Bridgewater and the Women's Institution at Framingham has proved of great value in the care of individuals in the midst of an alcoholic bout. These institutions offer a voluntary period of fifteen days for sobering off, with complete withdrawal and its accompanying struggle, plus contact with the sad examples in human dereliction resulting from alcoholism, plus medical and psychiatric care, as well as contact with Alcoholics Anonymous. Individuals who go to the Bridgewater or Framingham institutions voluntarily are requested to come to the Probation Office upon leaving each institution.

(2) If the offender has a moderately long record of arrests for drunkenness the court, noting this, requests the Probation Officer to recommend the disposition of the case and the Probation Officer wishing to have a minimum of formal pressure to work with, can ask for straight probation. At all times probation is not represented as punishment but as a period leading toward rehabilitation. Probation with a sentence is recommended for the habitual and unruly offender. He may have a long record of arrests and confinement, yet we continue to think first of his rehabilitation. If he is given a sentence to the House of Correction it is made long enough to remove the alcohol from his system. It is our practice to consider fifteen to thirty days. He is asked to return to the Probation Office upon his release so that informal treatment may follow, with the hope of a change of attitude and an awareness of his problem brought about by his stay in confinement.

In the case of the man given a suspended sentence to the Massachusetts Correctional Institution at Bridgewater which, as you know, includes a sentence of six months, he is informed of the precariousness of his situation and invited to take treatment. This particular point in rehabilitation is most interesting and rewarding. The ideal is still proclaimed that his suspended sentence and period of probation is not a "Sword of Damocles" hanging over his head, but a firm reminder that he has reached the point where he must accept help for the sake of his own future. The result is that he either accepts attendance at the Group Therapy meeting, the Hospital Clinic, or weekly visits with the Probation Officer. In addition to this are regular telephone communications, visits at the home, with conferences with other adult members of the family or, in some instances, with his employer.

Our Group Therapy meetings which are held every Saturday morning are composed of men and women on probation, former inmates of our correctional institutions, and those who have come to the attention of the Probation Officer informally, and friends who have a problem with alcoholic beverages. The meetings are conducted by members of nearby Alcoholics Anonymous groups who volunteer their services and have continued each week without failure to

man the meetings. The meetings are held for one hour on Saturday mornings for reasons pertaining to employment. They are concluded with a social period of fifteen minutes when coffee and doughnuts are served. Individuals are identified at the meetings by their first name, however, each one records his attendance on a slip of paper at the close of the meeting. This becomes a record of his attendance and, also, an indication of his attempt to overcome his problem. The Probation Officer does not attend any part of the meeting, but meets with those probationers who attend, by appointment, before or after the meeting. The use of Saturday as a meeting and appointment date is of distinct advantage because many do not work on that day and our office load is at its lowest point. This creates an atmosphere of privacy.

By way of offering suggestions we would recommend the continuance and extension of the work started in the late thirties and early forties by the Yale School of Alcohol Studies, the Hospital Psychiatrics Clinics, the National and Local Committees on Alcoholism, and Alcoholics Anonymous. All of the aforementioned agencies and many others, implemented by intelligent leadership on a national level, will penetrate the civilian thinking and provide direction to meet the growing problem of our teen-agers and youth.

If you ask how we may improve our techniques, we must consider a more intelligent approach, but most of all let us have dedicated men and women who will give of themselves mentally and spiritually to the uplift of these afflicted individuals. We cannot wave a wand and accomplish a cure. No medication has been developed to heal the human mind or permanently overcome the appetite for alcohol. Until we do, we have nothing but the medicine of the Great Physician. This we must transmit through dedication and a deeper appreciation of the value of the human soul. This will bring us to the conviction and the power that will lead our citizenry, and later our legislatures, to accept the importance of saving this human waste. In this attitude we will confront the problem of our teen-agers, our youth, our women within the home, and the ever increasing numbers of men who have combined to make our nation the leading nation on earth in the per capita consumption of alcoholic beverages.

Discussion:
James M. Devlin
Liaison Officer, Division of Legal Medicine, Massachusetts Department of Mental Health

Recently Mr. Carter published an article entitled "Some Aspects of Massachusetts Probation Law and Practice." He said in part: —

"The placing of a convicted person on probation should be based on an investigation estimate or prognosis that the probationer may be able to understand his problems and do something constructive about them through his own efforts or with the help of the supervising probation officer. Probation is not a magic word and cannot work of its own accord. It *must be made* to work. Its function is to help the probationer become a law abiding person and a better citizen. Probation connotes control, but it also means giving assistance and advice in many phases of the offender's personal, family and community life in order to help him "prove" himself while under supervision. A probation officer cannot render all of the services which may be necessary to bring about growth in his charge. He makes referrals to such other private or public agencies better able to deal with the specific problems of the probationer or a family member or with some other disturbing element in his adjustment.

Some 23,000 persons were on probation and under supervision at the end of 1960. This large group was composed of approximately 20,400 adults to which number the men contributed 18,800 and the women 1,600. *The offense categories* in which probation is given, in point of frequency, is fairly constant as to *men.* DRUNKENNESS takes first place, non-support and desertion second place, with B&E a close third. DRUNKENNESS, sex offenses, and larceny, in that order as to frequency *apply to the women.*"

I have a note on the cover, taken at another meeting, which indicates that there are 70,000 drunk arrests per year.

I quote the Commissioner, and I am sure he doesn't mind, to set the general tone of probation and to emphasize the enormity of the problem.

There are many in the field of probation whose contributions to this particular problem are outstanding. I might mention Tony DiNatale, who is here with us today, Jim Sartori of the Suffolk Superior Court, Dick Villa of Salem, also here, or I might point to Judge Nolen of Holyoke, or Judge Taylor at Roxbury, and many more who have indicated over the years a serious concern for alcoholics passing through their courts.

However, addressing myself particularly to Mr. Sewell's excellent paper, noting the exceptions above, and there are others, of course, I hasten to point out that the program which has been described to you at the Quincy Court is not typical of what one might find throughout the Commonwealth. It is, however, in my opinion, rather a *model.*

Judge Nash, when he assumed the position of Presiding Justice of the court, recognized alcoholism, not only as a problem for his court, but also as

a problem of the community. He began first by introducing his program. He enlisted the co-operation of the clerk's office — who hear and issue complaints; the probation office — who investigate and supervise; the court officers — who come in contact with these individuals; the police — who prosecute; and the agencies within the community.

Judge Nash went even one step further. He selected a probation officer, uniquely trained and qualified to supervise his program.

It has always been fascinating that the more one studies, reads and observes this particular problem of alcoholism, how one continually runs into so many conflicting approaches. I was relieved, to some extent, recently to read a statement from my own department and I quote,—

"The problem of affording adequate services to alcoholics has not been solved satisfactorily over several generations in which efforts to meet the problems have been attempted. At the present time, a variety of efforts have been undertaken by several departments of State Government as well as private agencies."

For example, in his paper Bill states —"The probation officer should not assume the role of a fellow member of Alcoholics Anonymous. His position should always be one worthy of respect." Then we read about the program in the courts in Washington, D. C. where they employ members of Alcoholics Anonymous as members of their probation staff.

Bill also points out the procedure of handling complainants in domestic problems. Quincy, as in many other courts, refers such complainants to probation officers for screening. The attempt is always made to settle this type of case in the privacy of the probation office, rather than have their personal problems aired in public. But to also include drunkenness as they do in Quincy is most encouraging. But, I might ask — What of the courts *who prohibit* INFORMAL *handling?*

In Czechoslovakia the emphasis is to consider alcoholism as a disease rather than an offense. Members of families, employers, or even the police, if they were to pick up an offender, would bring him, rather than to a police station, to an Anti-Alcoholic Clinic. Here he would receive immediate attention, medical care, and then perhaps be released following screening. Recommendation as to change of his environment, or job situations may be made, and, I am sure, carried out; or he might be referred to one of their out-patient clinics or even to one of their in-patient hospitals, one of which, by the way, happens to be the former estate and home of a Czek brewer. They even go to the extent, while the patient is confined, to continue the support of his family.

I mention this, only to point out, that in any event, THE COURT *seems to play no part.* One might say this is a communist state. What of his individual rights? But, on the other hand, here in New York there is no such complaint as drunkenness, unless it is related to another offense. If an offender were to be picked up by the police in Times Square, rather than being taken to a police station, he would be brought directly to Bellevue or some-such hospital.

Now, what happens here in Massachusetts? This pattern is, of course, very familiar to many of you, but for this phase of the program, I think it might well be re-stated: offenders may come before the court, male or female, for any type of offense; larceny, B. & E., assault, or automobile offenses. Very often they are first offenders, but because of information in the hands of the court, obtained either through a formal investigation or otherwise, the problem of alcoholism, or the part that alcohol may have played in the particular offense is brought to light and quite often, as Bill has presented in his paper today, many things might happen; he may be counselled by the court and probation officer, he might even be referred to one of our court clinics, or to some facility within the community. In other words, something is done, *but*, on the other hand, what happens to one who comes before the court simply on a complaint of drunkenness? I think we would have to consider the years that he had been protected by his family, friends, the bar-tender, even the police in his local community.

It would seem that either he became so obnoxious, caused a disturbance or damaged property that an officer might be called and have him placed under arrest.

Regardless of the right or wrong, he may then be eligible for release without court appearance as often as four times in any given year. But, should he finally reach the court, *what then? What is their attitude?* The case may be filed or if he became familiar enough, he might be fined or even committed for just a few days to the local jail. But actually, what is done for him? Often we hear the expression, "His record is as long as your arm." I recall a situation in a court while waiting for the judge; he was hearing the last case and was standing at the bench with a paper in his hand — the complaint. There was a woman before him with a female probation officer standing beside her. He said to her, "*What do you mean — give you a chance? I have already given you your chance!*" As he paced back and forth, he said, "You came before me charged with being drunk and I placed you on probation. That was six weeks ago, in January. Three weeks later you were arrested in another court district and surrendered to this court, AND *I gave you your chance;* I gave you a sentence and suspended it. Now you have been arrested again, surrendered again to my court, and I now order you to serve your sentence." *Not once did he say, "What is this woman's problem?" Not once did he say to the probation officer, "What plan or program did you offer her?"*

I wonder how this individual might have fared had there been in this court such a program as Bill's.

In his paper Mr. Sewall points up the use of medical and psychiatric facilities of the Quincy City Hospital, among others.

His paper has shown in detail the principles and practice of Probation in Alcoholism and crime, as well as the use of other disciplines.

I would like to offer an approach — Dr. Russell recently wrote in this regard: —

"I do feel strongly, however, that there should be drawn up and enacted a Code in the Law, which would apply to mental defectives, insane persons, serious sexual offenders, persons of marked anti-social character, *severe alcoholics*, and drug addicts. Such a Code would neither attempt to solve nor to deny the so-called "dilemma of the dichotomies," but would provide for the need of Society to be protected against dangers, and the individual's need (and his right) for dependency, protection against himself, *and the best possible* MEDICAL CARE *for his particular condition.*

I feel it is a great mistake to pose the question — is the offender "sick" or is he criminal. He may well be both, but it cannot be denied that a law has been broken and Society offended. It is also a mistake, I feel, to assume that if an offender is "sick", his malady can (in all instances) be, at this stage of our knowledge, the subject of a precise diagnosis and prognosis, and that it will respond to a definite therapy.

There is a marked trend, about which I am quite uneasy, to think in terms of shifting responsibilities from Law to Medicine. I am confident that through judicious co-operation *with the law*, medicine can make strides *in helping law* with its offenders."

Drinking and Delinquency

James R. MacKay, M.S.S.S.
Executive Director, Division on Alcoholism, New Hampshire Department of Health

The relationship of juvenile delinquency to the drinking of alcoholic beverages has caused a good deal of speculation and discussion among those responsible for the care of delinquents and others; unfortunately, there has been little systematic data available on the subject.

One aspect of this subject has been studied by the Alcoholism Clinic of the Peter Bent Brigham Hospital, the Massachusetts Youth Service Board and the Massachusetts State Division of Alcoholism. Several of us from these three agencies became concerned about youngsters committed to the Youth Service Board who were arrested for drunkenness or who were brought to the Detention Center drunk, some of them on several occasions. During interviews with these boys, they told of serious drinking behavior. Out of the concern about this problem drinking behavior, grew the research upon which this report is based.

The data under consideration pertains to those delinquents who are using alcohol pathologically or addictively. It is based on a survey of 500 male delinquents admitted to the Massachusetts Youth Service Board Reception Center (from February to October, 1960), a study of an additional 122 boys at the same facility and a clinical research project involving 20 boys and girls referred for treatment by correctional authorities.

These research projects developed out of a concern about the apparent increase in the excessive use of alcoholic beverages by juveniles which led to their arrest, physical injuries, medical complications or serious social complications. However, it was found that little data was available in the literature to use as a baseline to plot the use and effect of alcoholic beverages among delinquents. The projects to be described were designed (1) to provide basic statistical data on the use, non-use or mis-use of alcohol among a representative group of delinquents, (2) to categorize the group according to their use or non-use of alcohol, (3) to measure some significant aspects of their experience with alcohol and (4) to take a more intensive look into the meaning of their drinking experiences by considering personality characteristics and family backgrounds. This report will focus primarily on the boys classified as addictive drinkers.

Survey of 500 Male Juvenile Delinquents

> "The Reception Center for Boys receives all boys convicted in the courts of Massachusetts as delinquents for a period of diagnosis and classification. This affords an unusual opportunity for group research without restriction as to age,

place of residence in the State, type of offense, intelligence or availability for interviewing. For a period of nine months, all admissions to the facility were interviewed until a total of 500 boys had been reached.

"The ages of the group ranged from 7 to 20, the modal age was 15. Sixty-five percent of the group were Roman Catholic, the rest were Protestant except for two who were Jewish and five who claimed no particular religious affiliation. The average boy had completed eight grades in school before coming to the Reception Center.

"In over half of the cases studied, the parents were not living together at the time of the study. Sixty (12%) of the boys' fathers had died and 26 (5.2%) of the boys' mothers were deceased. The whereabouts of 21 fathers and 9 mothers was unknown to these sons. Divorces represented the largest reason for the parents living apart (over 52%) — about one-fourth had been legally separated."

All of the boys were given an extensive questionnaire, the complete results of this study including a description of the procedures used will be discussed elsewhere.

It is important to have a picture of the drinking experiences of the entire group before we begin a detailed analysis of the problem of addictive drinkers. For the purposes of categorization, according to the extent and seriousness of drinking, a series of 11 objective criteria were developed. They are as follows:

1. Do you drink whenever you get the chance?
2. If you have been "feeling good", "high" or had a "glow on" from drinking, about how many times? (Ten or more times was required for a positive response.)
3. If you did get drunk, about how many times? (Six or more times was required for a positive response.)
4. Have you ever done anything while drinking that you would not ordinarily do?

*5. Have you ever done anything after drinking that you would not ordinarily do?

*5a Did you ever get feeling "high", "tight" or drunk while drinking alone?

6. Did you ever drink before breakfast or instead of breakfast?
7. Did you ever have a fight when drinking?
8. Did you ever pass out while drinking?
9. Were you ever unable to remember what you were doing or where you were when you were drinking?
10. Have you ever been arrested for drinking?
11. Do you drink alone?

*Question 5a was used in lieu of question 5 for the last 148 subjects in the study, at which time questions 4 and 5 were combined to make one question.

These eleven criteria were then applied to the data derived from the 500 boys. A series of categories were developed which pinpointed individual drinking behavior: abstainers, single drinking episode, mild drinkers who had experienced none of the 11 criteria, moderate drinkers (experienced 1/4 of criteria), heavy drinkers (5/6 of criteria), problem or addictive drinkers (7 or more of criteria).

The boys' responses led to the following classifications.

Table 1 — Categorization of 500 Boys According to Their Drinking Behavior

Category	*Number*	*Percentage*
Abstainers	140	28.0
Single Drinking Episode	42	8.4
Mild Drinkers	41	8.2
Moderate Drinkers	164	32.8
Heavy Drinkers	63	12.6
Addictive Drinkers	50	10.0
TOTAL	500	100.0

The Addictive Drinkers

It was found that fifty (or ten percent) of the total group were classified as addictive drinkers. The modal age of this group was 16, about a year older than the total delinquent population studied. Thirty-eight of the fifty remembered their first drink of an alcoholic beverage which occurred usually at age 13 or 14. The environment of the first drinking experience varied. Most reported that they drank with a male friend. A majority said they first drank because of curiosity. Most drank in alleys, playgrounds, many drank in autos, some drank at home unobserved by parents. Only 13 percent of the boys reported that they were unaffected by their first drink. The majority said they became drunk or high or "dizzy". Of the 38 who recalled their first drink, six stole the alcohol, seven had an adult buy it for them, nine received it from a friend. The remainder used other methods which did not have parental sanction. One-fourth of the group drank again within a few days of their first drink, the others reported longer intervals.

Following the first drink, all of the boys reported that they routinely drank outside of their home. For example, they drank in movies, cars, and alleys. In most cases, they appeared to take advantage of situations where parental regulation was absent. Most had not secured permission nor did they think that their parents were aware of their drinking.

Considerable evidence of severe drinking patterns was found. Each of the boys reported being high or drunk on many occasions. Three-quarters of the group reported drinking alone, thus indicating that their drinking was satisfying needs other than social. In nearly all cases, the boys reported doing things when drinking that they would not ordinarily do, most reported assaultive behavior after drinking. Over half drank whenever they had the chance.

Thirty-two had been sick because of drinking. Many had become high or drunk while drinking alone. Almost half said that on occasion they drank before or instead of breakfast. Most had multiple sources of supply ranging from stealing to having adult alcoholics buy it for them. Over half had been arrested for drinking and a majority were arrested for offenses that were committed after they had been drinking. Most of these offenses were some type of theft. However, most felt that their drinking had nothing to do with their presence at the Youth Service Board Reception Center. Nearly all had passed out while drinking and had occasions of "blackouts" or periods of time when they were unable to recall anything that had happened while they were drinking.

When asked about their drinking, the boys said that they did not consider themselves to be problem drinkers nor were they concerned about their drinking practices.[1]

Reasons for Drinking

In order to arrive at some hypotheses as to why these boys were drinking to such a serious and extensive degree, a second study was conducted at the same facility which considered an additional 122 consecutive admissions.[2] Individually administered schedules rather than questionnaires were used as the source of data. Utilizing the same objective criteria as outlined above, 20 boys or 16 percent of the 122 boys were found to be in the addictive drinking category, an even higher percentage than the original 500 boys. The drinking experiences were very similar to the group described above. The boys were interviewed individually, most on several occasions, by psychiatric social workers. The focus was on eliciting their opinions as to why they drank, their attitudes toward drinking among adults and among their peers and their attitudes in general as to why people drink.

The following background information was gathered on this group of problem drinkers.

> "The average age of the 20 boys was 16, the range from 14 to 17, placing them all within the adolescent period. Sixteen of the group were Roman Catholic, four were Protestant which is similar to the ratio in the facility. There was one Negro boy, the others were Caucasian. Eighteen of the boys were Massachusetts born and all lived within the State at the time of their commitment. Thirteen came from urban areas.
>
> "These 20 boys had appeared in court for a total of 94 offenses, about half of which were for some form of stealing. Only 5 of the boys had ever appeared in court for drunkenness (although 8 had arrests for drunkenness) and no boy appeared

[1]MacKay, James R.; Blacker, Edward, Ph.D.; Demone, Harold W., Jr.; and Kelly, Francis J. "Delinquency and Drinking." An unpublished paper.

[2]MacKay, James R., Murray, Andrew E., and Hagerty, Thomas. "Problem Drinking among Delinquents." An unpublished paper.

more than once on this charge. All of the boys had been in court for more than one kind of an offense and the majority had three or more combinations of offenses such as larceny, assault and truancy.

"The young drinkers tended to be school problems. Seventeen were reported as truants and 17 were considered as having 'poor scholarship' by school authorities. More than half were disciplinary problems while in school. Seven repeated more than one grade and the average grade placement at the time of commitment was the eighth.

"Five of the boys were living with their natural parents. Seven were living with their mothers, one was living with his father. Four were living with relatives or adoptive parents and others were living with step-parents. Separation from one or both of the parents occurred for 12 of the youngsters at the age of 10 or before — for 8 at age 3 or before. Two were born out of wedlock. Separation from parents was caused by desertion, death, divorce, legal separation and imprisonment of parents. Court appearances of family members were frequent. There were some multiple marriages — 4 of the boys had, as they grew up, 5 parental figures. Alcoholism was frequently noted in the histories of the parents. Two of the fathers died of diseases related to Alcoholism.

"In general, the families were poorly structured, the boys had experienced many instances of loss of one or more parents early in their lives. The all too familiar picture among delinquents of lack and loss was in evidence among these families."[2]

The answers given by the boys led the authors to several tentative hypotheses regarding the boys' drinking and their attitudes about drinking. First, the boys claimed they drank predominantly as a reaction (or as a coping mechanism) to personal emotional problems such as feelings of sadness, anger and a wish to forget an unpleasant situation. These explanations for drinking were seen as indicators of a personal need for alcohol. Drinking because their friends drank was given a low priority by the boys.

Second, it was suggested that the groups within which the boys drank provided the setting but not the motivation for their drinking. Actually, some of the boys reported many solitary drinking experiences, however the majority drank routinely in groups.

The boys had rarely been brought before the court on a drunkenness charge although all had been drinking extensively and had admitted committing delinquent acts while under the influence of alcohol.

[2]MacKay, James R., Murray, Andrew E., and Hagerty, Thomas. "Problem Drinking among Delinquents." An unpublished paper.

Among the boys, there was a tendency toward loss of impulse control after drinking which led to the commission of delinquent acts and aggressive outbursts. At this time, however, there is not sufficient evidence to prove a causal relationship between their state of intoxication and the commission of delinquent acts.

Their attitudes about drinking were interesting. Moderate drinking was viewed as acceptable both in adults and in their peers, although abstinence among women was given special consideration and high approval. They did not approve of heavy drinking among adults because of the resultant loss of control. Among men, drunkenness was related to aggressive loss of control. Among women, drunkenness was related to sexual loss of control. In essence, their own drinking patterns were in sharp contrast to what they defined as acceptable behavior for their age group, thus implying a conflict between their definition of acceptable behavior and their actual drinking practices.

Sower, in discussing Teen-Age drinking, outlined three areas or types of problem drinking to aid in research design as follows:

> "1. Drinking which leads to conflicts with other segments of society. Illustrations of conflicts are when drinking violates established law, or when it results in conflicts with school authorities . . .
>
> "2. Drinking which leads to conflicts between the actions of an individual and his beliefs, sentiments, or values . . .
>
> "3. Drinking which leads to detrimental consequences for the individual or for others, such as drinking which is followed by automobile driving, by illicit sexual relations, by failure to fulfill recognized social obligations, by group conflicts, and so forth."[3]

The groups described above qualify in all of the three areas of problem drinking, as described by Sower. The findings suggest both qualitatively and quantitatively that this group who have been characterized as addictive drinkers, drink differently, under different circumstances and for different reasons than students studied in several high schools in this country.

The drinking behavior of these adolescent problem drinkers closely parallels that of the confirmed alcoholic seen in clinical practice except for the absence of physical debilitation which had not had the opportunity to develop. Another area which may distinguish this group of adolescents from the clinic alcoholics is the poor control they exercised over their impulses, which will be discussed in more detail later.

The data thus far has largely been confined to material designed to outline the extent and nature of the drinking practices of this group of addictive drinkers representing 10 percent of the population of the Youth Service Board Reception Facility.

[3]Sower, Christopher. "The Role of Social Relationships in Teenage Drinking." Paper presented at meeting of North American Association of Alcoholism Programs, Berkeley, California, October 29, 1957.

Clinical Findings

I have previously published my clinical observations on a group of 20 adolescent problem drinkers (17 boys and 3 girls).[4] Certain aspects of that discussion are pertinent to this inquiry and offer a framework within which one can speculate as to the underlying mechanisms causing the problem drinking. Again, the drinking experiences of this group of 20 was the same as has been outlined for the two study groups described above. This group was seen extensively in treatment, therefore a much better opportunity was available to study each child and his family backgrounds in depth.

Effects of Emotional and Economic Deprivation

Deprivation and neglect, both economic and emotional, was evident in every family studied. The early lives of these children were quite similar. In all of the families studied, the father was an alcoholic, and in some of the cases, the mother was also. The recurring picture was that of an alcoholic father who was permanently out of the home, either because of death, desertion, separation, imprisonment, hospitalization or some other social action, by the time the youthful drinker reached adolescence. Because of the instability of the breadwinner, the families were most often supported by public welfare. The boys were expected to take the place of their fathers as a provider. Their earliest memories were of quarrels and inconsistency, coupled with frequent temporary separations from one or the other parent finally ending in the permanent departure of the father from the home.

Several clinicians have reported on the serious effect upon children of neglect and deprivation.[4, 5, 6] Myerson treats the subject at length in his discussion of adult alcoholic prisoners.[7] Serious results of these early conditioning experiences were found among the children studied.

The adolescent delinquent drinkers, products of neglect and deprivation, developed pervasive characterological disturbances. The behavior of the 20 boys and girls reflected these disturbances in at least four major areas. They were viewed as having problems in the areas of (1) hostility, (2) impulsiveness, (3) depression and (4) sexual confusion.

The hostility of this group was particularly evident when they were under the influence of alcohol as they had a diminished ability to control themselves. However, in no way could the resultant anger be thought of as being caused by the drinking. One youngster of 15 used to go to a dance armed with a bottle of liquor (much of which had been imbibed before arriving at the dance), a pair

[4]MacKay, James R. "Clinical Observations on Adolescent Problem Drinkers." *Quart. J. Stud. Alc.* 22:124–134, 1961.

[5]Spitz, R. A. "Anaclitic Depression: An Inquiry into the Genesis of Psychiatric Conditions in Early Childhood." In: *The Psychoanalytic Study of the Child;* Vol. 2, New York; International Universities Press; 1946.

[6]Bowlby, J. "Maternal Care and Mental Health." (W. H. O. Mongraph Series, No. 2) Geneva; World Health Organization; 1951.

[7]Myerson, D. J. "Clinical Observations on a Group of Alcoholic Prisoners. With special reference to women." *Quart. J. Stud. Alc.* 20:555–572, 1959.

of brass knuckles, a switchblade and a bicycle chain. This boy was arrested for assault and battery. It was not until much later that the seriousness of his drinking behavior became known.

Another boy, age 16, who was on parole from a training school, was being seen weekly at an out-patient clinic because of his problem with alcohol. He had an additional problem because he was congenitally short and looked much younger than his age. Several times he became drunk and attempted to assault the first police officer that he found. Subsequently, he was returned to the training school as a parole violator for drunkenness and assault. Impulsiveness was apparent in many ways, primarily in their poor control over their overpowering anger.

In general, the boys gave the impression that it didn't matter what they did since there was no future for them. They denied that their lack of personal self-control had any significance. A typical remark was, "I don't care where I am — I've done time before and I can do it again." If one appealed to them to think of their future, it was usually futile since they were living for the "pleasure" of the present (paranthetically I think one would have to look far for what pleasure they were enjoying). Their attitude of "there is no tomorrow" at first appeared to be bravado, their claim of disinterest in their own future — "why worry, I could walk out of here and get killed by a car on the street," sounded like a poorly contrived explanation for their behavior. One could be misled by this behavior into thinking it was bravado or an attempt to shock the listener. In effect, it was a clear demonstration of their feeling that they had little or no ability to exert self-control nor did they think they had much to say about the future direction of their lives.

It is significant, at this point, to note two of the psychological mechanisms employed by the group. They tended to use denial in a massive way, one of the simplest psychological defensive measures. Denial, in effect, says that something that is painful or causing anxiety is not painful or anxiety producing or that some anticipated anxiety producing situation is not going to be anxiety producing. The result within the individual is a feeling of detachment or lack of concern about situations that would ordinarily produce severe anxiety. In this manner the anxiety which might help to push an individual toward psychotherapeutic help is missing.

The other commonly used defense is projection. This defense is a similar form of adaptation to stress except that the blame for a particular situation is shifted to another person. Thus, it is not at all unusual for members of this group, as they are questioned about their behavior, to claim complete innocence and detachment from the situation or to place the blame on some other individual, on the environment, or both.

Just as the two defense mechanisms described are elemental, so is the depression suffered by these children. A great deal of evidence was found of a basic feeling of anxiety and pervasive depression. Many talked of suicide and some made overt attempts. Their drinking behavior, itself, at times approached self-destruction. Actually, one boy at the age of 18 did die after drinking anti-

freeze. Another boy, when he was drinking, would sit on a bridge and contemplate jumping into the water. Eventually, he became drunk and ran his car into a tree at 80 miles an hour, killing himself and another. It seemed, as a group, they had more than their share of accidents. In many ways, they hurt or disfigured themselves. Tatooing was common among both boys and girls. One young girl stuck pins in herself, to the degree that surgical intervention was necessary.

It is postulated that the pervasive depression observed among these children is of early origin probably originating in the formative years. It is seen as an expression of the effect of the depriving family situation and, in particular, as a response to the early and repeated loss of one or both parents.

Many investigators in the alcoholism field have discussed the sexual confusion of the alcoholic. Particular reference has often been made to unconscious homosexual conflict, [8, 9] although there are others who dispute this as a generalization.[10, 11] In the study under consideration, definite evidence was found of sexual confusion and of both overt and latent homosexual involvements. In practice, those involved in overt homosexual activity tended to denyt heir homosexuality explaining that they became involved because they were drunk or needed the money or because they took a passive part — "I didn't do anything," said one boy, as he explained that the act had been performed on him and not by him.

I hope to have established that (1) there are a significant number (10%) of juvenile delinquents who are problem drinkers, (2) that their excessive drinking is in opposition to both their personal beliefs and the rules of the society within which they live and (3) that their drinking is casually linked to and is an attempt to cope with serious emotional problems.

Indications for Action

Those working in the field of Public Health have developed a four pronged approach to any given disease complex. This approach includes research, education, treatment and prevention. All of these approaches are appropriate if a comprehensive program is to be developed to cope with the problem outlined above.

Initial concern about a specific health or social problem — either a new problem or some observable change in an old pattern — may develop from many community sources. In this instance, the concern about juvenile drinking came from those working directly in the fields of child welfare, delinquency

[8]Zwerling, L. "Psychiatric Findings in an Interdisciplinary Study of Forty-six Alcoholic Patients." *Quart. J. Stud. Alc.* 20:543–554, 1959.

[9]Ferenczi, S. "Alkohol und Neurosen." *Jb. psychoanal. Psychopath. Forsch*, 3:853–857, 1912.

[10]Quaranta, J. V. *Alcoholism: A Study of Emotional Maturity and Homosexuality as Related Factors in Compulsive Drinkers.* Master's Thesis, Fordham University; 1947.

[11]Landis, C. "Theories of the Alcoholic Personality." In: *Alcohol, Science and Society*, Ch. 11, pp. 129–138. New Haven: Quart. J. Stud. Alc., publishers; 1945.

and alcoholism. This initial concern grew to the extent that the Youth Service Board, together with the staffs of the Alcoholism Clinic of the Peter Bent Brigham Hospital and the Massachusetts Division of Alcoholism, initiated a study to determine the extent and nature of drinking among a delinquent population.

In this step, the officials set in motion the research program, the first aspect of a total action program. Some of the epidemiological and other data has been presented. As so often happens, the initial research study raised more questions than it answered. Further studies are now in progress and others are contemplated to verify some of the present findings and to take a deeper look into some of the clinical aspects of the data.

One of the basic findings, that there is a linkage between the problem drinking and personality problems led to the obvious conclusion that a psychotherapeutic program should be undertaken. The observations to follow are based on my clinical experience with the youthful problem drinker while at the Peter Bent Brigham Hospital Alcoholism Clinic for two and a half years and on my experiences at the New Hampshire Division on Alcoholism for the past year and a half. No allusion will be made to any statistical findings as the opinions are impressionistic and likely could not meet rigid scientific standards.

These are not willing clients, they do not seek out help and many see it is an imposition on their privacy. In psychotherapy, much attention is given to the degree of motivation for treatment demonstrated by a patient. Ordinarily motivation involves two important factors, a goal and pressure. There is a feeling that something is wrong — a feeling of discomfort — and on that basis the individual is pushed to change himself. Quite often, most individuals who seek therapeutic help feel there is something about themselves they wish to change or discard and there is the hope or expectation that the change can be accomplished. No such motivation for treatment was found with this group. Generally, they denied any problems except for the inconvenience of being bothered by a social worker who was asking them a lot of silly questions. It was quickly apparent that this group was not motivated for treatment. Careful thought had to be given to methods of involving them in a treatment relationship. After several attempts at initiating treatment in an outpatient setting, this was found to be wanting. The clients did not continue in treatment long and were resentful during the few interviews they kept. As an alternative approach, a plan was developed whereby children with drinking problems who were committed to training schools were first contacted within the training school setting. It required only a brief indoctrination for the institutional staff to be able to identify those who were problem drinkers on the basis of their histories and behavior, so that the basic responsibility for case-finding and referral was with the institutional staff.

The plan that developed was that the institutional staff would refer a youngster for treatment as soon as possible after his reception. The child was then seen on a weekly basis by a social worker, in this instance the social worker was assigned primarily to an outpatient clinic and visited the training school

once a week. The obvious intent was to develop a working therapeutic relationship with the boy or girl prior to their leaving the training school, so that the child would see some value in continuing the treatment relationship after he returned to the community. It was thought to be of particular significance that the same therapist follow the child both in the training school and in the community.

The first approach had been to encourage the child to come to an outpatient clinic after he had been placed on parole from an institution with no prior contact with the child. None of these clients stayed in treatment. The program described above had a better than 50 percent continuation rate from the training school to the outpatient clinic.

Two of the primary factors contributing to the greater success of this program were, first, that the staffs of the training school saw some need for such a program, they took a great deal of responsibility within the program and thus lent strong support to it. Obviously, a child in a training school is heavily influenced not only by his peers but also by the staff. Staff attitudes, either pro or con, influenced how much use a child made of the therapeutic opportunity.

Secondly, the parole officer played a highly significant role in the program. He was one of the key team members in a program which required a team approach. Since there was little or no internal motivation for treatment on the part of the delinquent drinker, it was important to have firm pressure on the boy or girl from the parole officer, in order that they keep their weekly appointments.

Those in the correctional field, in particular the probation and parole officer who work with the delinquent in the community, have a great deal to teach the social workers and others working in non-correctional fields about the constructive use of authority. They also have had considerable experience working with the hostile, non-cooperative client. It is crucial that the therapist and the parole officer work closely together sharing both responsibility and information. If progress is to be made, and if they are not to be caught up in the expert ability of these children to play one adult against another, it is most important that this open communication be maintained.

Much more careful work needs to be done in the treatment field with this group of children before definitive statements can be made. I do believe that one fact is apparent. The training school, rather than being a place of last resort for these children, can be the placement of choice. Too often one gets the impression from many individuals in the community that a child should be protected from having such an experience, and that the effect will be only detrimental. Few would contend that all the training schools currently in operation are perfect or do not need change. However, for this group of impulsive, unhappy problem drinkers, it can provide the kind of consistent controls they need. When the protective environment of the training school is coupled with a progressive treatment program, the training school provides an excellent facility for initiating a rehabilitation program.

Education

There is an obvious fallacy in the preceding discussion that leads to another phase of the total action program, the area of education. Unhappily, the general public does not see the training school as a place where children can be rehabilitated. Too often, they see the training school as an instrument for punishment and a place where a child is banished for misconduct. The general public does not see anti-social behavior as symptomatic of personality disorder. Nor is the opinion of the alcoholic very different. Alcoholism is most commonly seen as a moral problem, a problem that implies a weakness of character or it is seen as a "self-induced" disease. It is not difficult, then, to anticipate what the public reaction will be toward those who have a drinking problem and are also delinquent. An extensive and intensive public educational program is indicated and should be encouraged to inform the public as to the basic facts concerning mental health and public health concepts, especially as they apply to a group such as the youthful problem drinker.

A discussion of the question of prevention would require much more space and time than is available here. Prevention is more than the sum total of the different approaches to the problem of youthful problem drinking. Other factors must be included, such as the role of the beverage control system, the functions of our school system, a clearer understanding of the effect of parental alcoholism on children and a myriad of other considerations. It is hoped that more interest can be stimulated in developing a program of prevention.

Summary

Three studies of problem drinking among juvenile delinquents in Massachusetts have been reviewed and discussed. Based on these studies and clinical observations, discussion was directed to the development of an action program involving education, research, treatment and prevention.

Mr. MacKay received the A.B. and A.M. in Sociology from Tufts College, and the M.S.S.S. from Boston University School of Social Work. From 1949 to 1953 he served as a Research Assistant at Tufts University. Following this, he worked as Psychologist and Supervisor of Research with Massachusetts Division of Youth Service. He then moved to the Alcoholism Clinic of the Peter Bent Brigham Hospital, first as Clinic Social Worker and then as Chief Social Worker. During this time he served as a Social Work Consultant to both the Avery Psychiatric Center and the Massachusetts Women's Reformatory at Framingham. From 1960 to the present he has held the position of Executive Director of the Division of Alcoholism of the New Hampshire Department of Health.

Mr. MacKay is a member of many social work and alcoholism societies including the National Association of Social Workers, the Academy of Certified Social Workers, the North American Association of Alcoholism Programs, and the Professional Association on Alcoholism. His writings have appeared in a variety of Journals.

Discussion:

Francis J. Kelly
Director of Psychological Research, Massachusetts Division of Youth Service

Mr. MacKay's excellent paper described the pathological or addictive drinkers found amongst a group of delinquent children. He emphasized the pre-morbid personality of these children. The early trauma and deprivation they endured produced marked characterological deficiencies. The findings of the research were most revealing. The fact that ten per cent of a group of delinquent children may be classified as addictive drinkers at this early age is startling. However, we must also bear in mind in our subsequent discussions the remainder of the group.

How do delinquent children differ from their non-delinquent peers in drinking experience? This is a difficult question to answer, since there is no baseline to which we can compare the delinquent group with non-delinquent children. We must remember that the study was conducted with a select adolescent group; namely, delinquent children. When conducting research in the behavioral sciences we must have a control or comparative group to which we can compare the group being studied. Unfortunately, there has never been a nation-wide survey of the drinking experience of adolescent children. There have been studies conducted in widely scattered sections of the country but the results, in many ways, are incomparable to ours.

One thing, however, that we have learned from the limited research studies that have been conducted is that adolescents do drink and drink a great deal more than most people would like to believe they do.

This leads to some points I would like you to consider in your thinking on this subject.

First, we have learned that the differences between the adolescent delinquent and his non-delinquent peer is essentially a quantitative one and not a qualitative one. It is in the intensity of the need that the differences lie. Adolescence is a period of acute developmental crisis. The child is becoming a man. In response to this pressure he often reaches into adult areas, experimenting by sampling adult experiences. This is part of his effort to complete his search for an identity. He is trying to be a man and will behave consistent with his perception of masculine behavior. Researchers of many disciplines have stressed this component in adolescent behavior. The psychiatrist and psychologists term this phenomena the masculine protest. The results of the study reported by Mr. MacKay support this. The results reveal a marked increase in drinking experience after puberty indicating the use of liquor as one frequent means of asserting their manliness.

The second point is that frequency is not a valid criteria to judge problem drinking in adolescence. As with adults, we must consider the norm violating aspect of the behavior. The child from the high delinquency rate, gang area,

who drinks every Saturday night because his group does is usually not as severe a problem drinker as the boy from the middle class area who drinks once a month, but whose group drinks twice a year.

Third, a direct relationship between drinking and delinquent behavior has never been proven conclusively. The results of this research certainly suggest such a relationship in many cases. We found children who stated they had been drinking immediately before or while they committed the act for which they were arrested. This fact rarely appears in the official records and points up a weakness in the use of secondary data only. You must go to the source and interview the children, and if possible the arresting officer, to ascertain all the factors involved in the delinquent act.

Often the fact the child, or adult, was drinking at the time of his delinquency is offered as an excuse for the behavior. Indeed, the courts support this in some cases by considering drunkenness a mitigating factor and consequently treat the incident lightly. It is my impression that often the liquor was taken for just this purpose. Mr. MacKay has mentioned the inadequate impulse control of these children. With some, as they feel the mounting tension and resultant need to act out their impulses and recognizing an impending loss of control, they get drunk, perform the act and then blame the action on their having been intoxicated. This sequence also supports their use of the primary defenses of denial and projection. By claiming they were drunk they can deny the core problem motivating the behavior and project responsibility for their actions on the use of liquor.

The fourth point for your consideration is that we can never overestimate the effect of excessive parental drinking on children. The emotional deprivation experienced by the children is profound and crippling to satisfactory character development. I will illustrate this with two brief case summaries:

> CASE 1: *D* was a 16-year-old boy committed to the Youth Service Board for Drunkenness. On admission to the Reception Center he demonstrated severe withdrawal symptoms and was hospitalized at once. He had been drunk for the two-week period prior to commitment. He ate little and drank anything alcoholic, including canned heat. His father is a chronic alcoholic with innumerable drunk arrests and commitments. Mother overwhelmed by domestic problems drank to excess also. *D* has been drinking to excess since the age of 12. Now drinks alone for the most part and is shunned by the peer group of this congested, gang structured, high delinquency rate area. At 16 he is, by all definitions, alcoholic.
>
> CASE 2: *W* was literally born in the doorway of a barroom. Mother, an alcoholic, was drunk in a bar when she went into active labor and delivered the child in the doorway before the ambulance arrived. *W* was placed in numerous foster homes and on entering adolescence began to seek out

his parents to learn who they were, and help him to discover who he was. He found them and learned they were still chronic alcoholics. The next day he drank a bottle of whiskey, was arrested, and subsequently committed to the Youth Service Board. When interviewed at the Reception Center he stated he drank the whiskey to discover what it was about the liquor that made his parents love it more than him.

These cases point up the secondary tragedy present in adult drinking. When a child presents stark realities such as these to the therapist, treatment is very difficult.

A fifth consideration is the need for an authoritative framework within which we may treat these children. These are children who have never developed the necessary inner controls to govern their behavior. They still require the external, parental control. I do not believe we can treat many of these children extra-legally. We need the authority of the law to insure their attendances.

Finally, Mr. MacKay's paper has demonstrated that we can isolate a group of adolescents who are manifesting signs of serious, addictive drinking. These children are potential, if they are not indeed actual, alcoholics at a very young age. We have learned from Public Health and Mental Health that effective preventative programs are predicated upon the detection of early cues. The earlier we recognize and treat these children the better the chance of success. The question is how do we treat them? With what techniques? The answers to these questions require thought, research and experimentation. We must think and think hard.

In closing, if most adolescents drink because of their pubescent rite component what can we substitute for the need to express their masculinity in this manner. Our culture provides no clear demarcation point between childhood and adulthood. The adolescent period now extends into the early twenties and if we hope to control adolescent drinking we must modify its purpose to the adolescent. If I may, I will leave you with this thought regarding the adolescents: he is a living commentary on the generation that rears him and a prophecy about the generation that will inherit the future.

Correctional Views on Alcohol, Alcoholism and Crime

Austin H. MacCormick, LL.D.
Executive Director, The Osborne Association, New York

My professional and personal interest in the alcoholic and in alcoholism began during the six years, 1934 to 1940, when I was Commissioner of Correction in New York City and presided over a score of institutions for detained and sentenced prisoners which received every year more alcoholics, referred to in those days and now as "drunks," than any other prison system in the country and probably in the world. During my term of office over 500,000 bodies passed through the city institutions. I say "bodies" because we never knew how many individuals this figure represented, how many short term sentences they served within a year under their own names, aliases, or misspellings of their two names. Marching four abreast in military formation, they would have formed a procession 60 miles long. They could not have marched in military formation, however, because some of them were blind or legless beggars, and others would not have been allowed to march, for some were dangerously insane and others were the principals in the murder cases about which the public was reading in the daily papers.

Of all the prisoners in this long procession, the alcoholics aroused my humane feelings most deeply and challenged my intelligence most urgently. I saw them come in repeatedly for sentences as short as two days and seldom for sentences longer than 30 days, and go out shaking as badly as when they came in: homeless, helpless and hopeless. I saw them come back again time after time, either in the statistics or as I watched the vans unload at our institutions. Sometimes a dead body would be lifted out of the van, and I knew that the man had been dying when he stood a few hours before in front of a magistrate and, as all too often happened, was given a tongue lashing by the judge.

I am not sure whether I was more impressed by the inhumanity of our methods of dealing with the alcoholic or by the futility of the process. At that time I coined the term "revolving door jails", which emphasized futility. The shortness of the sentences, which made treatment impossible even if there had been any desire to treat the alcoholics and knowledge of how to do it, and which made return to the same jail or another one almost inevitable, were the result of the practice, still prevalent today, of thinking in terms of the offense rather than the offender. This is expressed in the idea that "you can't give a man a long sentence just for being drunk," and that idea leads to the practical reality that you cannot hold an alcoholic long enough to treat him.

The other common view which prevailed then and still does is that all alcoholics are "Bowery bums", "Skid Row derelicts", or depraved weaklings who could stop drinking if they had enough decency and will-power, and are hardly worth salvaging even if one knew how to do it.

Whatever I had of this viewpoint was knocked out of me completely on the day I saw an alcoholic, who had just finished a short term in one of our

city institutions, shaking so badly and obviously so sick that I pulled him out of the line, took him back into the warden's office and questioned him about where he came from, where he was going now, and what his background was. I had chosen a good case from the standpoint of teaching myself an unforgettable lesson. This man was a graduate of one of our finest universities and one of the two best medical schools in the country. He had been an alcoholic for ten years and had served many short sentences in New York City and elsewhere. There is no happy ending to this story. I had nothing to offer him except my own humanity and limited economic help. He slipped back into the shadows from which he had come, and did not appear in our institutions again, probably having left the City because he did not want to face me.

We have learned a great deal about alcoholics and alcoholism since those days, 25 years ago, even though we have not progressed very far in correctional institutions in dealing with the problem they present. In the 1930's we were completely baffled. In the New York City Department of Correction we strengthened every service which would help the prisoners as a whole, and tried particularly to find a successful way of treating alcoholics. We built up our medical services to a high level and, since this was during the depression, we were able to get all types of professionally and technically trained personnel, including physicians and psychiatrists, for our institution staffs. Even if we had known what particular form of treatment would have been effective with alcoholics, the shortness of the sentences would have defeated our efforts.

What we needed most was an agency or program which would make effective treatment possible while the prisoners were in the institutions and would then provide the after-care and continuation of treatment after release which were even more important than the institutional treatment. The answer to this need was actually near at hand in Alcoholics Anonymous, but, when I left the Department of Correction in 1940, it was only five years old and was still struggling for its very existence. As late as 1939 it had only 100 members, and it was not until 1941 that public interest and confidence were so stimulated by Jack Alexander's article in the *Saturday Evening Post* that its membership grew from 2,000 to 8,000 within a year.

The first Alcoholics Anonymous group in a mental institution was established at Rockland State Hospital (New York) in December, 1939, and the first group in a prison was established at San Quentin Prison in California in 1942. If I had known as much about Alcoholics Anonymous then as I know now, we might have set a pattern in the treatment of alcoholics in our New York City institutions which could have been a guide for the entire country. It is one of the greatest regrets of my life that, in a paper presented at the Symposium on Alcoholism of the Research Council on Problems of Alcohol in Philadelphia on December 29, 1940, I discussed "Penal and Correctional Aspects of the Alcohol Problem" in very much the same terms as in the paper I am now delivering without a single reference to Alcoholics Anonymous. In that paper I told of a few efforts to help alcoholics in institutions, but stated that "the sum total of significant accomplishments by penal and correctional institutions in

persons are arrested and sentenced on a variety of charges (Drunkenness, Disorderly Conduct, Driving While Intoxicated, Vagrancy, etc.), and inexact because it is impossible to tell how many individuals are involved.

For the year 1960, the FBI published the statistics of arrests reported by 3,443 law enforcement agencies, representing a total population of about 109,000,000, approximately 60% of the total population of the country. The total of arrests reported for all offenses was about 4,000,000. The arrests for drunkenness totaled 1,400,000, or about 36% of all arrests. If one adds about 475,000 arrests reported for Disorderly Conduct, the total rises to about 1,900,000, or 47.6% of the arrests for all offenses. Adding 184,000 arrests for Driving While Intoxicated and 153,000 for Vagrancy, the total of arrests in these four categories in which arrests for Drunkenness are frequently reported rises to 2,225,000, or about 55% of the total arrests for all offenses in, as stated above, jurisdictions containing about 60% of the nation's population.

Before we leave the subject of arrest rates, it is pertinent to inject a rather startling figure which throws a glimmer of light on the wide discrepancy between the number of bodies received in the county jails of a state in the course of a year and the much smaller number of individuals found in the jails when a count is taken in all of them simultaneously on a typical day and at a time of day, usually around midnight, when prisoners are not going to court or are being received or discharged. The startling figure I refer to is that reported by the research division of the Los Angeles Police Department: that 1,000 persons accounted for 43,709 arrests for drunkenness in the year 1955.

It should be borne in mind that the work of the police is just as difficult in many ways whether 43,000 arrests means that many individuals or not. This is true also of personnel involved in the receiving and discharging functions of city and county jails. In a non-individualized, mass handling process, it is the number of bodies rather than the number of individuals which determines the size and difficulty of the work load. This is true in somewhat less degree of the courts which deal with misdemeanant offenders.

The figures compiled by the California Special Study Commission on Correctional Facilities and Services* in 1955–57 revealed that during the year 1955 the total bookings in city jails numbered 472,202. Of this total, "Drunk Bookings" numbered 249,312, or 52.8% of the total. In 58 county jails during 1955, the total bookings numbered 235,773; of these 100,037 were "Drunk Bookings" or 42.4% of the total. It should be remembered that there are duplications in the city and county jail bookings.

For those who must plan and carry out whatever treatment program there is to be in county jails, the resident population at a given time is more important than the annual intake, although the latter figure and the constant turnover interfere seriously with the continuity of any program. The personnel and physical facilities needed for programs of care, training and treatment, however,

*The California Special Study Commission on Correctional Facilities and Services: *The County Jails of California:* An Evaluation. Sacramento, March, 1957. (The writer was Chairman of this Commission.)

depend primarily on the total number of prisoners on hand and their status (detained awaiting trial, convicted and serving sentence, sentenced and awaiting transfer to prison, etc.).

There are wide variations in estimates of the total population of the 3,100 county jails in the United States, ranging from 100,000 up. The Special Study Commission referred to above had a count taken of the total inmate population of California's county jails, including jail farms and camps, at 12.01 A.M., March 28, 1956; the total was 14,121, of whom 13,577 were adult males and 768 adult females. The remaining 76 were juveniles. If the same proportion of county jail population to total population prevailed throughout the country, the county jail population in 1956 would have been between 150,000 and 160,000. Although it is admittedly an estimate, this figure is probably as close as one is likely to get to the total number of prisoners in the county jails of the country at a given time. Estimates of the percentage of the jail population represented by prisoners in whose cases excessive drinking has played a role have been phrased in such statements as "More than half of the persons committed to our jails are drunks and vagrants," "Half of all the jail time is served by drunks," and similarly general statements. They have been made by reputable and informed authorities, however, and are generally accepted in the correctional field as reasonably sound.

The appallingly poor quality of most of the county jails in the United States is so well known that it is probably not necessary to discuss this point at any great length. The fact that the great majority of all convicted alcoholics go to these institutions, however, makes it imperative that the public, and particularly those thoughtful citizens who are interested in the treatment of alcoholics, never be allowed to forget that our county jails are a disgrace to the country, that any betterment of the bad conditions which characterize them is proceeding at a snail's pace, that they are the most resistant ot change of all penal and correctional institutions, and that they have a destructive rather than a beneficial effect not only on alcoholics who are committed to them but also on others who are convicted of the most petty offenses, including those who are incarcerated while awaiting hearing or trial because they are too poor to raise the bail required by the court.

The United States Bureau of Prisons inspects county jails throughout the country because of the necessity of boarding some federal prisoners in local facilities. The Bureau stopped publishing jail ratings in 1950, but up to that time its inspectors had rated 3,115 jails. Of these, 97% were rated below 60 on a scale of 100, and 78% were rated below 50 and condemned as unfit for human habitation. In California, where county jails are required to meet certain minimum state standards and the county jails are believed to be better on the whole than those of most states, the Special Study Commission referred to above rated the 58 county jail systems on a very elaborate rating scale. The ratings finally given were in terms of minimum standards, and the rating "standard" meant that the jail was acceptable on the basis of minimum standards. The 58 jail systems were rated as follows: Standard — 5; Fair — 20; Poor —

24; and Very Poor — 9. In short, 33 (57%) of the 58 jail systems were rated Poor or Very Poor.

The following paragraph, from the American Prison Association's *Manual of Suggested Standards for a State Correctional System* (1946) is as true today as it was 16 years ago, and substantially the same statements have been made in the subsequent manuals published by the American Correctional Association:

> Conditions which characterize the vast majority of county jails include an almost total lack of classification and segregation, even of those with contagious diseases from the well, the young from the old, and the beginner from the hardened offender; idleness, except for the few prisoners who can be used in maintenance work; nonexistent or inadequate medical service; overcrowding and unsanitary conditions; long hours of confinement in cells and bull pens; insufficient and poorly prepared food for those who lack money and better food for those who can afford to pay for it; and absence of any significant efforts toward the rehabilitation of the offender through medical treatment, education, and vocational training, placement or guidance at the time of release, or social case work of any type.

The report of the California Attorney General's Committee, referring to the lack of segregation in overcrowded, filthy living quarters in typical jails, stated:

> Prisoners of all types are thrown indiscriminately into rooms that are appropriately called "tanks" or bear the even more cynical title of "drunk tanks". Particularly in the latter, wooden slats are often placed on the floor so the prisoners, lying like snakes in a snake pit, will be kept partially out of their own filth, and so the tank can be hosed down from time to time. Among the features hailed as improvements in the new jails are tanks lined with plastic and other materials that are impervious to water hosing.

A grand jury foreman described to the Committee the "tank" in the jail of his county which had 897 square feet of floor space and had held at one time as high as 199 men. This meant for each man less than five square feet of floor space, which the grand jury foreman illustrated by holding up a piece of paper 2½ by 2 feet in size. In this tank there is one toilet and one wash bowl. In another county, a citizens' committee, appointed to study a county jail where the death of a prisoner had aroused public interest, stated that the jail was built in 1893, was originally designed to hold 75 prisoners, has held as many as 519, and has an average number of inmates reaching 400 during the peak period.

California's Special Study Commission placed particular stress in its report on the lack of case treatment services available to county jail inmates. In this all-important area they found, with few exceptions, an almost total

absence of such services. Of the 58 county jail systems, 51 had no psychiatric services, two had a full-time psychiatrist available, and five had some psychiatric consultation available. There were no psychological services in 55 systems, two had a full-time psychologist, and one had some psychological consultation available. There was no social work or counselor service in 51 systems, four had a full-time worker, one had a regular counselor from an outside agency, and two had an occasional counselor from an outside agency.

The inadequacy of personnel, both in quantity and quality, in the county jails of America goes beyond the areas mentioned above. Medical services are ordinarily limited to a daily visit to the jail by a local physician who is also on call in emergencies, and transfer to a local or county hospital in extreme emergencies. Most of the jails are small and have a meager staff of custodial officers, who are usually political appointees, have no special qualifications for jail work, are poorly paid, and change constantly because of political turnovers or for other reasons. Inmate trusties are given responsibilities, especially with respect to custody and discipline, which are neither wise nor proper. It is very often the case that, after one passes the custodial officer at the locked door which divides the office area from the jail proper, he finds inmates carrying keys and in practically complete charge of the living quarters and the inmates.

Under such handicaps of inadequate physical facilities and personnel with a conglomerate and unclassified inmate population which is constantly changing, with a penal rather than a correctional aim and atmosphere, with an attitude on the part of the public and officialdom that the inmates, especially the alcoholics, are not worth helping, one can obviously not expect to find in the vast majority of our county jails programs of physical care, work, training and treatment which would rehabilitate anyone, least of all the alcoholic.

In all but a few county institutions which rise above the level of the jails I have been describing, the only rays of light which enter for the alcoholic are the visits of members of Alcoholics Anonymous, the establishment of AA groups in the jails, the opportunity to join local groups after release, and the AA members who will be waiting on discharge day for any man or woman who wants their help.

The General Service Office of Alcoholics Anonymous announced this spring that there are 502 AA groups in prisons and jails with a total reported membership of 20,451. Of these groups, over 400 are in United States institutions; the remainder are in Canada and nine other countries.

Except in the larger jails, which can provide appropriate meeting space and usually have a more enlightened attitude on alcoholism and Alcoholics Anonymous, AA groups in jails operate under great handicaps. They must frequently hold meetings in cramped, poorly lighted and grimy quarters. Many prisoners are not in good enough physical and mental condition to participate, and others are discouraged by the officials or by fellow inmates from attending group meetings. Anyone who is thinking of establishing an AA group in a jail should bear in mind that many sheriffs and jailers understand AA's aims

and have respect for what it has accomplished, but others still view it with distrust, especially when AA members who were formerly inmates of the jail are coming in to conduct meetings. Some jail personnel who understand its aims do not have the same understanding of its methods: the necessity for closed meetings, for having AA's conduct the meeting, for non-AA institution officials to resist their natural desire to take charge, and so on.

The advice I have given to outside AA groups under these circumstances is that, tactfully but firmly, they stand their ground and not permit themselves to be forced into abandonment of fundamental procedures. The procedures as well as the principles of AA must be kept inviolate in the prison or jail as well as in the free world. AA and its non-alcoholic friends, moreover, must never lose heart and take a defeatist attitude toward the jails and the alcoholics in them. The AA groups have had, and are having today, substantial success with jail groups and with the inmates after they come out. Those who have achieved sobriety include not only the Skid Row or Bowery type of alcoholic, but also men and women who have found their way back from the shadows to the respected positions which they had once held in the business and professional world.

Although, in my opinion, it is the most significant program, in terms of success in salvaging alcoholics, to be found in any of our county jails, the AA program is not the only bright spot in the jail picture. A number of large county institutions, dealing with the typical jail population, have reasonably adequate physical facilities and personnel, and have developed well-rounded programs of rehabilitation which include programs aimed particularly at the alcoholic. One of the most highly rated, for example, is the Santa Rita Rehabilitation Center, operated by the Sheriff of Alameda County, California, about 25 miles from Oakland. The United States Bureau of Prisons has consistently listed the Center among the top three county penal facilities of the country. Santa Rita is a medium security institution, utilizing the temporary buildings and other facilities of a World War II naval installation. It has an inmate population of about 1,000 prisoners, about 10% of whom are women. Approximately 70% of the prisoners present problems of alcoholism or narcotic addiction. About 5% of the population are alcoholics under voluntary or civil court commitments; the other alcoholics are sentenced misdemeanants.

Most of the prisoners live in barracks and are employed on the large farm and in other maintenance and productive activities providing helpful work and some vocational training. The institution is surrounded by a low wire fence and, in spite of the low degree of security maintained, the escape rate is low: less than three per 1,000 inmates. The medical program includes a physical examination, X-ray and blook tests for each inmate, followed by treatment at the institution's infirmary or at outside hospitals, if needed. A doctor and a male nurse are on duty eight hours a day, and the doctor is on call for the remaining 16 hours. A program of academic education that leads to the issuance of elementary certificates and high school diplomas through the public school systems of nearby communities is carried on. Religious programs, casework,

counseling, and other resources and services are utilized in the attempt to rehabilitate all types of inmates.

The special program for alcoholics is carried on by the Center's Alcoholic Clinic. It is directed by a full-time resident psychiatrist, and has a staff of four mental health therapists, with two probation officers assigned by the County Probation Department to serve as counselors in close association with the Clinic.

In the first year of its existence (1950), 1,400 alcoholics were seen at the Clinic and at least a thousand a year have received its services since that date. The treatment techniques used at the Clinic include the following: treatment of acute cases, particularly those with delirium tremens, with tranquilizing and sedative drugs, Vitamin B, etc.; use of Antabuse in the Clinic and providing the alcoholic with a 30-day supply when he leaves the institution (Antabuse treatment is used, however, only when the alcoholic has also received psychotherapy); an initial psychiatric interview which is not only a fact-finding and diagnostic technique, but also one of orientation and treatment; psychotherapy, both individual and group, necessarily on a short term basis; individual counseling by the four mental health therapists and the two probation officers; and full use of the Alcoholics Anonymous program.

The most notable county institution in the East, from the standpoint of treatment of alcoholics, is the Westchester County Penitentiary at Valhalla, New York. Time forbids a description of the program at this institution, and it must suffice to say that it has an excellent physical plant, better personnel in general and more professionally and technically trained personnel than one customarily finds in county institutions; a farm and other work programs for the inmates, educational and vocational training programs, medical and psychiatric services, religious programs, individual and group counseling and therapy, casework services, and the other elements of a rehabilitation program directed toward all inmates. In these programs and services special attention is given to alcoholics, and there is an AA group with 80 members.

These and other county institutions in various parts of the country which have achieved acceptably high standards of plant, personnel and rehabilitative programs, and which have placed special emphasis on the treatment of alcoholics, indicate clearly that the trend should be toward the establishment of regional institutions for misdemeanants with a large enough population to make it possible to secure appropriations for the personnel who are the all-important element in any institutional program of training and treatment. Such institutions can be operated by counties, if they are populous enough and have sufficient financial resources to maintain a large institution, but they also should and can be operated by states. There is no sound reason why states should operate correctional facilities for felons and counties should operate those for misdemeanants. A number of states already have misdemeanant institutions which are usually known as "State Farms." They have never been as well staffed as they should be, but states which have outstanding prison systems could establish institutions of various sizes for misdemeanants and

bring them to the same high standards which their institutions for felons have reached.

Generally speaking, these institutions should be located outside the city limits and should operate farms and other programs of outdoor work, since physical rehabilitation is an important part of the recovery program for alcoholics and many other categories of misdemeanants. In states where there are large forests and state park areas, camps should be manned by able-bodied prisoners with sufficiently long terms. Farms and camps should also be operated, as they are now, as adjuncts to the smaller county institutions. Experience all over the country has demonstrated the practicability and the value of this type of facility. We must always be careful, however, not to fall into the error of thinking that fresh air and a hoe handle will work miracles of reclamation with alcoholics. They help, but they cannot do the whole job. Even in farms and camps, where the emphasis is on simple, decent and natural living conditions and an honest day's work, there must be individual and group counseling by qualified personnel, an active AA program, and an intensive effort to put the alcoholic's feet on the road to sobriety. A striking example of this combination of hard outdoor work and therapeutic treatment for alcoholics is found in the forestry camps for misdemeanants conducted by San Diego County in California.

We come now, at long last, to consideration of alcoholics and alcoholism in the inmate population of our state and federal prisons, adult reformatories, and other correctional institutions for relatively long-term prisoners, usually convicted of felonies. Some state prisons, as a matter of fact, receive misdemeanants as well as felons and may have prisoners who have been convicted of public drunkenness and other offenses which indicate they have an alcohol problem. Some cases of drunken driving, for example, go to prisons instead of jails, but those committed for this offense are not necessarily chronic alcoholics. In prisons, in contrast with jails, an inmate is not definitely identified as probably being an alcoholic by the crime for which he was convicted, even though chronic alcoholism, or excessive use of alcohol either at the time of the crime or for a period immediately preceding it, has been a strong causative or contributory factor in his criminal behavior.

There is no doubt that there is a close and strong relationship between problem drinking and crime in the cases of a substantial percentage of all state and federal prisoners convicted of felonies. The offender may have been so drunk at the time when he committed the crime for which he was convicted that he did not know what he was doing, or he had been drinking to such an extent that his judgment was seriously impaired and his inhibitions weakened. He may, on the other hand, have been fairly sober at the time of the crime but demoralized by excessive drinking over a substantial period, broke and in debt, with bad checks coming back to roost, or with other obligations falling due, such as payments on his car, income taxes, rent, or payment on loans. In such a situation he is likely to be feeling so depressed physically and mentally that, if he thinks of getting caught, his attitude is "Here goes nothing." Another

man may be a chronic alcoholic who will do anything to get money for a drink and, having no liking for violence, will steal something which is lying around loose or pass a bad check.

One cannot be sure whether or not a prisoner is a problem drinker or, if he is, in what degree unless probation or welfare reports, or verification data from relatives, employers, the armed services, etc., reveal the truth. Often one has only the prisoner's own statements to go on, and many a prisoner has mixed motives in making statements to prison officials: a desire to use excessive drinking as an extenuating circumstance in his crime, for example, and a counterbalancing desire to avoid giving the institution and parole authorities the impression that he is a basically unstable person. These conflicting desires frequently result in his saying during an admission interview that he had been drinking excessively when he committed the crime and would never had committed it if he had not been drinking too much, but that he is not a heavy or steady drinker. He will probably stick to this story until his fingerprints clear and the FBI report reveals a long series of arrests for drunkenness, vagrancy, petit larceny, etc., in various parts of the country, or his service records reveal that he drank his way out of the Army, or social data received from his home community show that he lost a good family, a good job, and a good reputation by excessive drinking which eventually reached the point of alcoholism.

Most estimates in the past of the percentage of prisoners in a given institution in whose criminal behaviour problem drinking played a major role have been based on the prisoners' own stories. The best and most recent study seeking to give more accurate figures is entitled, "Criminal Offenders and Drinking Involvement: a Preliminary Analysis", and was made by the Division of Alcoholic Rehabilitation of the California State Department of Public Health and the State Department of Corrections in collaboration.*

The study population consisted of 2,325 newly committed male felons entering the Department of Corrections' northern and southern reception centers, through which all adult male felons must be screened prior to subsequent imprisonment in one of the State's prisons. They were interviewed by 32 correctional counselors and questionnaires were completed. In addition to information on alcoholic beverage usage among these prisoners, the study included demographic and background data supplied by the Department of Correction.

The findings with respect to alcoholic usage and crime showed that:

1. Of the 2,325 study respondents, 98 percent had used alcoholic beverages.
2. Eighty-eight percent of those who used alcohol had been intoxicated at some time.
3. The median age at the time of first alcoholic drink was 16.6 years; at time of first intoxication, 17.4 years.

*California Department of Public Health, Division of Alcoholic Rehabilitation, Publication No. 3: "Criminal Offenders and Drinking Involvement: a Preliminary Analysis," Berkeley, 1960.

4. Percent in each age group who had been intoxicated decreased with age at time of first drink. Of those who had had their first drink under age 15, 95 percent had been intoxicated at some time, while only 61 percent of those who had had their first drink at age 25 or older had been intoxicated.
5. Twenty-nine percent of the alcoholic beverage users claimed that they were intoxicated at the time they committed the offense for which they were sent to prison. The proportion who had been intoxicated varied with the type of crime committed from the high of 50 percent for auto theft to the low of 10 percent for narcotics offenses.

Relatively high percentages of offenders who claimed to have been intoxicated at the time of the crime were Murder and Manslaughter — 37.8%; Assault — 37.7%; Sex Offenses — 37.5%; and Forgery and Checks — 34.9%.

Even more significant findings are that 29% of the 2,325 prisoners interviewed claimed that the use of alcohol had been a problem prior to incarceration. The percentage of some offenses was considerably higher: for example, 43.3% for auto theft and 40.8% for forgery and checks. By contrast, only 6.4% of those interviewed had ever been hospitalized or treated for a drinking problem. On this point, the report states: "This finding suggests that the correctional facilities which receive these offenders are in a unique position to not only *uncover*, but also treat a number of problem drinkers who, prior to incarceration, had never been medically attended for their drinking problem."

Not all prisoners wait until their drinking history is brought to light by the clearance of fingerprints or in other ways. They volunteer the information and do so in the hope of getting help. There are many men and women in prisons who are no more criminal by nature than you and I are. Their problem is not criminal behaviour or criminal tendencies but alcohol. Anybody who wants to restore them to their families and communities as useful and self-respecting citizens would better deal with them as problem drinkers who have committed a crime rather than as criminals who happen to be problem drinkers.

These men and women know what their problem is, and they desperately want help. If they have the good fortune to be sent to a prison where there is group counseling or group therapy, they will sign up for it eagerly, participate conscientiously, and usually benefit by it. It is my belief, however, that most alcoholics or near alcoholics will not achieve sobriety by ordinary counseling or psychotherapy alone. Some of them can and do, but most alcoholics in prison or in the world outside have a better chance of permanent sobriety if they add sincere and steady participation in Alcoholics Anonymous to whatever other treatment they receive.

Of the 502 Alcoholics Anonymous groups in prisons and jails, about 220 are in federal and state prisons in the United States or in camps and farms operated by prison systems. There are very few prisons in the country where there is no AA group or where one would not be welcomed if outsiders would

come in and establish it. Problem drinkers in prisons do not always take advantage of the opportunities to attend AA meetings, partly because they do not want to be labeled on the prison and parole records as alcoholics, but many reach for it eagerly and, in fact, prisoners who are not alcoholics but know that they have a serious behavioral problem of some sort frequently join an AA group. The membership at San Quentin Prison, where the first AA group was established in a prison, numbers over 440.

For many problem drinkers, finding themselves in prison is suddenly hitting the bottom of the pit, from which there is no way but up. Dr. Harry Tiebout's process of "Ego Reduction", aimed at hastening this acceptance of the fact that one has hit rock bottom, goes into operation with alcoholics who have never heard of it if they are fundamentally decent and are sincerely shocked to find themselves in prison as felons. Nowadays, moreover, more and more prison personnel — not only chaplains, doctors, psychiatrists, counselors, therapists and other professional workers, but also the custodial personnel — have understanding of the nature of alcoholism and current methods of dealing with it. They will frequently recommend that the problem drinker seek AA's help, or go so far as to urge strongly that he do so.

The Alcoholics Anonymous approach is not the only one, of course, by which the alcoholic in prison can be benefited, but, in my opinion, it can do more than any other program or service, by its work inside the institution and after the prisoner is released, to help an alcoholic or a problem drinker in any degree achieve and maintain sobriety. It is most effective, however, when the correctional institution in which there is an AA program has a well-staffed and well-rounded program of rehabilitation which applies to all prisoners and includes physical care, varied work programs, medical and psychiatric services, academic and vocational training, religion, psychotherapy, counseling, and other constructive programs and activities.

All these programs and the program as a whole have a significant contribution to make to the rehabilitation of prisoners who are problem drinkers and of all the prisoners. In the last three decades especially, American correctional systems and institutions have achieved considerable competence in the planning and operation of such programs as education, vocational training and varied work programs, which extend or improve prisoner's knowledge and skills and enable them not only to make a better living but to get more enjoyment out of life. As I have often said in recent years, however, it seems to me that the most significant advance which has been made during my professional career of about 45 years is the development of programs of counseling and psychotherapy for prisoners which are aimed, to use a trite but useful phrase, "not at teaching a man how to make a living, but how to live." Their aim is to help offenders to understand why they behave as they do, to modify their attitudes and behavior for the better, to resolve personal problems which involve the mind and the emotions although they may be expressed in aggressive physical behavior, and to learn how to live in an integrated family and community by developing an integrated personality.

Such programs manifestly may do for the alcoholic prisoner some of the things Alcoholics Anonymous could do for him but, I believe, he will be fortunate if he has the opportunity to participate in both programs and will be wise if he does so. That opportunity, as yet, is not present in many American correctional institutions. Group therapy is being carried on in an increasing number of institutions, but the difficulty of obtaining enough psychiatrists and other personnel who are qualified to conduct psychotherapy programs, or to train others to do so, has delayed the extension of this type of program. Many activities which today are referred to as "group therapy" are not psychotherapy, although they are group activities and many have direct and incidental therapeutic value.

Not being able to provide group psychotherapy for more than a small percentage of their prisoners, if at all, some institutional systems have developed programs of group counseling, and others are beginning to do so. The California Department of Corrections has taken the lead in this field, as in many others. Its program of group therapy is carried on intensively in the Department's 1,400-bed Medical Facility at Vacaville, but some group therapy is carried on in other institutions also. Group counseling is carried on throughout the eight other institutions and is being extended rapidly to the far-flung forestry camps. Over 12,000 prisoners, more than half the total inmate population of 24,000, are voluntarily enrolled in group counseling sessions which are conducted by over 500 members of the institutions' staffs. About half of the group leaders are carefully selected correctional officers, who have been screened and trained in counseling methods; the remainder include chaplains, teachers, industrial personnel, vocational instructors, correctional counselors, and other personnel who have volunteered to lead groups.

There are several special programs being carried on in the Department's institutions which utilize intensive counseling, both individual and group, as part of a research-oriented effort to determine whether or not prisoners enrolled in these groups show a higher success rate on parole after release than those in control groups receiving the usual amount of group counseling. One of the new programs is the organization of some of the smaller facilities as "therapeutic communities". The newest program in the California institutions is called ICE (Improved Correctional Experience). In this program inmates are selected for intensive counseling and a therapeutic living program especially geared to their needs. The Department has set aside special living units in camps and in institutions, and in 1961 more than 600 inmates were screened and moved into these units. ICE participants are now picked from new commitments. The basis of selection is the Base Expectancy measurement, a new scale developed by the Department to evaluate the probability of success on parole. Those selected for the ICE program have achieved high scores; in other words, intensive treatment is being applied to those whose scores at admission to the reception centers indicate they have relatively high parole success potential.

It is interesting to note that, of the 12 factors which enter into the Base Expectancy Score, "No alcoholic involvement" is in sixth place and has been

given a weight of six in comparison with weights for the other factors ranging from four to 12. This may or may not indicate the relative chances the prisoner with an alcoholic problem has of succeeding on parole, since factors in the free world subsequent to his institution stay may upset all the favorable factors found in his case history. The entire program of the California Department of Corrections and its institutions has success in free life as the ultimate goal for every prisoner, and does not exclude even the chronic alcoholic from the hope of achieving that success.

The fact that I am devoting so little time and space in this paper to Probation and Parole, which with institutional treatment make up the total correctional process, does not indicate that I consider them relatively unimportant. As a matter of fact, with respect to offenders as a whole, probation is the most economical way of giving them correctional treatment, is the one which is least damaging to them and to their families, and is also the part of the correctional process which achieves the highest rate of success. This presupposes that the probation service is well staffed, that wise decisions are made by judges in granting or denying probation, and that the probationers receive good supervision from their probation officers. With respect to alcoholics, however, probation services have never had a fair chance to show what they could do, for the courts are reluctant to place them on probation if they have been convicted of felonies and, on the other hand, put so many of those convicted of misdemeanors on probation that officers are frequently carrying caseloads of 400 or more cases and cannot possibly give them adequate supervision. A problem drinker who is not a "drunk" of the derelict type and has not yet reached the point of chronic alcoholism is often put on probation by a judge who knows that the man has a good family and job, and may be able to keep both with the help of an understanding but firm probation officer. The better probation departments make full use of Alcoholics Anonymous and of clinics for alcoholics when they are available. An increasing number of departments conduct group counseling programs, using probation officers as group leaders.

As for parole, there is little likelihood that a problem drinker convicted as a misdemeanant and committed to a city or county institution will come before a parole board and, on release, will be supervised by a parole officer. This is true partly because problem drinkers are considered poor risks for parole and the time remaining on their sentences is usually too short to make supervision effective. Parole, moreover, is traditionally not a municipal or county function, while misdemeanants are traditionally sent to municipal or county institutions.

There are some exceptions to the general rule. For example, California counties are authorized by law to establish a Parole Board of three members, of whom one is the county's chief probation officer. When a misdemeanant is paroled, he is actually on probation and is supervised by a probation officer. Only a few counties are making significant use of parole under this law. Another example of a local parole system dealing with misdemeanants is that of New York City, which has a Parole Commission and a field staff of parole officers.

Taking the country as a whole, however, parole is a process which is utilized almost exclusively with felons committed to state and federal correctional institutions: prisons, adult reformatories, etc. Alcoholics and other problem drinkers sent to these institutions are, theoretically, dealt with as all other types of prisoners are. In actual practice, the Parole Board will probably use extra care in scrutinizing the record of a prospective parolee with a history of excessive drinking. It may deny him parole because the crime of which he was convicted was homicide, a sex offense, or some other crime which makes the Board members view him as a potentially dangerous person. He may be denied parole, on the other hand, because he is a chronic bad check passer and, although his offense is not considered very serious, the chances that he will repeat it are high.

In either case, steady and apparently sincere participation in the instituion's AA program and in group counseling and therapy, if they are available, may tip the scales in favor of his parole. If he has the good fortune to be assigned to an understanding parole officer for supervision, this officer will do everything possible to help him succeed, will see that he continues attendance at AA meetings and participates in whatever clinical services and group counseling are available to parolees, and will try in other ways to help him maintain sobriety.

In conclusion, after all the dark pictures which have been drawn in this paper, I want to close on a note which may seem to be unduly optimistic. In the past 45 years I have seen well-nigh miraculous progress in many American prisons and adult reformatories, and some steps of progress even in our county jails. At least, we know today what we mean by rehabilitation and what physical facilities, personnel and programs are essential if we are to achieve it. Standards have been set and are widely accepted, although little more than lip service is being paid to them in some states. Work in the correctional institution field is now considered a respectable career service for professional and technical personnel as well as the custodial force. In our better institutions, the old-time guard has now been replaced by a correctional officer who is no longer considered a mere zoo-keeper.

Probation services, although their quality is spotty, on the whole deserve and have the respect of informed citizens. Parole, which has been subjected to severe and often unwarranted criticism, is gaining steadily in quality and in public confidence.

Within the past 20 years, similarly, I have seen an inspiring increase in public and professional understanding of the alcoholic and of alcoholism. Alcoholics Anonymous not only dramatized that understanding but implemented it. I think we are now on the threshold of an era during which we shall devise and perfect additional methods of treating the alcoholic, and shall learn more and more about effective methods of prevention. In this era, I hope that we shall also find better ways of dealing with crime and with the complex problem presented when the dark planets of alcoholism and crime are in conjunction.

Professor MacCormick received the A.B. degree from Bowdoin College in 1915. During World War I he served as Executive Officer of the United States Naval Prison at Portsmouth, New Hampshire, leaving in 1921 to assume an administrative post at Bowdoin College. In 1929 he became Assistant Director of the Federal Bureau of Prisons; after four years he left this position to become the Commissioner of Correction of New York City. During this period he received the degrees of Sc.D. from Bowdoin College and LL.D. from Saint Lawrence University. Throughout World War II he served as the United States Army's chief consultant in correctional problems and was awarded the Presidential Medal for Merit in 1946. He then joined the faculty of the University of California at Berkeley from which he retired with the rank of Professor of Criminology, Emeritus. Currently, Professor MacCormick is the Executive Director of the Osborne Association of New York.

In his long career Professor MacCormick has served as a consultant to many states on correctional problems and held important positions in a wide variety of national and regional associations. He is a former President of the American Correctional Association and has served on the Executive Board of the National Jail Association. Also, he has been closely associated with the field of alcoholism. In 1945 he helped to found the National Council on Alcoholism and became one of its first presidents. He is now serving his second term as a Trustee of Alcoholics Anonymous and is a member of the Editorial Board and the Board of Directors of this organization's Publication Fund. He is the author of several books and numerous articles in the areas of alcoholism and correction.

Discussion:
Raymond R. Gilbert, Ph.D.
Deputy Commissioner, Massachusetts Department of Correction

True to his reputation, Professor MacCormick has dealt quite broadly and sensitively with the many issues around alcohol and corrections. He has reminded us that, whether we like it or not, many problem drinkers are indeed correctional problems. Now his remarks about revolving door jails for drunkenness offenders recall to me a comment by Michael Amrine, in the recent March issue of the *American Psychologist*, to the effect that "prisons, like mental hospitals, are one of those worlds in which society secretly puts its puzzles in the hope that they will disappear." At every level of the correctional process we are daily confronted with the cold fact that the puzzles of crime and alcoholism do not disappear, but like Banquo's ghost in *MacBeth* they return over and over to haunt us, now as drunkenness offenders, at other times as felons or as other types of misdemeanants. I believe that we need to be reminded, too, that the early treatment phase of the drunkenness offender occurs usually under the least optimal conditions. I am not familiar enough with the jails in Massachusetts to comment on them, but I would not be too surprised to find that at least some duplicate the appalling conditions referred to by our speaker. I think we should be conscience-stricken by the lack of treatment services in our local jails and houses of corrections. They may "dry them out," but I wager that they seldom "dry them up."

If alcoholism is indeed an illness, then I suggest that we take a long hard look at our jails to see how they measure up as emergency medical facilities. Indeed, if alcoholism is an illness, then I question with Dr. MacCormick the propriety of sending problem drinkers to jail. The history of prisons as dumping grounds for perplexing and bothersome medical and psychiatric puzzles is not yet over it seems. I am happy to say that in Massachusetts, at least, both the public health and mental health agencies are increasingly working with the Department of Correction at a service level in our institutions. For example, the development of the Division of Legal Medicine, in the Department of Mental Health, which offers psychiatric treatment services in all our prisons, and the assistance rendered by the Division of Alcoholism at Bridgewater and Framingham are unique efforts by other state agencies to accept their responsibilities in dealing with this problem. At the same time, we must be realistic enough to know that these agencies want no major responsibility for the 4,000 drunkenness offenders that come to Bridgewater, and whether we like it or not as correctional people, we will be in the alcoholism treatment business for many years to come.

I was especially interested in the Santa Rita program which Professor MacCormick did not expand on as much as I would have liked, for it is a program which is regarded very highly. Yet in spite of the antiquity of the

physical plant at our institution for drunkenness offenders at Bridgewater, I'm struck by the fact that we too seem to have the essence of a really meaningful program. In some ways it may rival Santa Rita's, although it does not have the openness of the latter's security setup. I believe, too, that the program for the female drunkenness offender which we have at M. C. I., Framingham is probably without peer in this country. But the citizens in Massachusetts will probably be the last to care about it or believe it or appreciate it.

I would like to hear more about the use of forestry camps for the drunkenness offender. This is an enterprise which, I understand, our sister state of Connecticut has undertaken. I am curious, for instance, whether these camps really offer more than just fresh air and a home, and whether they are conceived of and function as pre-release centers. I am struck more and more by the potential value of using other facilities as graduated steps into the community.

Dr. MacCormick rang a bell for me in what he said about the need for sound programs of classification in our institutions, and I mean *all* our institutions. I just cannot see how we can ever really accomplish much in our institution programs, no matter how fancy they appear to be, if we do not have the mechanisms for determining the medical, social, and psychological reasons why the offenders are with us in the first place. We have been shooting with shotguns at the problem. We have very little knowledge of whether or not we hit the target, and I think too often we do not even know if the gun went off. The opportunities to uncover and treat the problem drinkers in our institutions who have never sought or received help are significant. Furthermore, it is likely that by treating problem drinking, we may indeed be preventing further criminal behavior. I say "may", because while I'm convinced that alcohol plays a serious role in criminal behavior, and perhaps some role in most, too few studies have examined the relationship of drinking and crime in any real depth or breadth. I am pleased to see California looking at their problem in breadth, but I would like to see some real solid studies in depth.

Correctional research is so often half-baked and inept that the major problems confronting us are still almost untouched. I agree with those who propose to get down to nibbling away at the issues rather than relying on some future grand methodology, supported of course by some grand foundation, that will give us the answers at one flick of the computer's switch. This is why I was gratified to hear about that nibbling process over in the Youth Service Board. We can talk later about some of the nibbles in our department and in other institutional programs throughout the Commonwealth.

Of course institution treatment programs have to be planned around the realities of the offender, not around the needs of the institutions. But they cannot be planned around the realities of the offender unless classification is well developed and the planning effective. Of course, treatment programs just will not work, no matter how brilliantly conceived, unless they are well staffed. I believe it is Mr. MacCormick himself who stated that with a properly trained and oriented staff he could run a good prison in a garage. But then, who has enough staff or the type of staff that he wants?

Of course, AA works best when it's integrated with a good, well-coordinated, institutional program. AA should not, however, fill a vacuum. It should not be our only resource for helping alcoholic persons. AA, I believe, can reach a great number of inmates, but we also have to plan for those who resist the AA message. It obviously follows, then, that the fullest cooperation of all disciplines and groups is required, for no one treatment modality has the sole solution for drinking. This refers also to Alcoholics Anonymous.

Finally, and possibly of greatest importance, are the needs for follow-up and follow-through after-care. Some criminologists see prisons as merely holding operations, incapable by the very artificiality of their nature of rehabilitating anyone. According to this view rehabilitation, as such, can only *start* in prison; the major job lies in the community. Many of us in Massachusetts know that the gulf between institutions and life in the community is just too great for many problem drinkers and other inmates as well. Deputy Commissioner Powers, in an article in the *American Journal of Correction*, Vol. 21, No. 4, 1959, on the history of Halfway House programs in Massachusetts, refers to this gulf and sees the situation as analogous to the decompression needs of the deep sea diver: when you bring him to the surface you have to bring him up slowly and gently so that he doesn't develop a case of "the bends". It's an apt image for what the problem is for many of our inmates when they leave our institutions. For several years the Massachusetts Department of Correction and the Division of Alcoholism have tried unsuccessfully to obtain public funds for a Halfway House for men who are committed for Drunkenness to M. C. I., Bridgewater. But a very bright light indeed is on the horizon in the form of a Halfway House for women which is being sponsored by the Friends of Framingham. This is a group of public-spirited citizens who are vitally concerned with the women of that institution. I hope that Dr. Myerson will later elaborate on this development as well as on the other programs for alcoholic women currently going on at that institution. I also believe that the increasing interest of the Parole Board, and especially the work of Parole Officer Jim Gavin with alcoholic parolees, is a development that augers well for the future of rehabilitative success in Massachusetts.

Professor MacCormick is an optimist. Despite what he sees now, he knows what conditions were like in the past, and thus he has hope. I share his hope, even though I have not been around as long as he has, because I am starting to see the tremendous opportunities for combined research, combined program development, combined in-service training, and for sharing the experience of all of us here. Certainly none of us can do it alone.

Discussion:
David J. Myerson, M.D.
Clinical Associate, Harvard Medical School

Professor MacCormick leads us to appear quite chauvinistic in trying to explain to him what has been going on in Massachusetts since he has been away. Many things have happened, as Dr. Gilbert has outlined. One of the outstanding things that is going on in Massachusetts now is a very strange matter indeed; it is a marriage between the correctional institutions and the medical institutions. This is a unique occurrence in the history of both, and it raises a point, the only point I disagree about, that is the tendency to build correctional institutions further and further away from the city, and hence away from the teaching hospitals and medical institutions.

I would like to discuss the value of this marriage. I think that Professor MacCormick described the best and worst of correctional institutions. Let's put aside the worst and deal with the best that goes on; that is, establishing therapeutic communities within the institutions and developing enlightened humanistic approaches to the offender. I believe that not only can we set up the best possible program within the correctional institution, but that the correctional institution is absolutely necessary in the handling of the chronic drunkenness offender. Medical men certainly feel this to be true. They know, despite the fact that these people are ill people, that the hospital systems cannot handle them, because hospitals do not have the "know-how" that the correctional institutions have.

The point I am making is that the correctional institutions provide the proper closed environment for these people during that phase of their lives when they need to be separated from the community for a period of time, 3 months, 6 months, a year, perhaps 2 years, depending now on the legal limitations of sentencing. When they leave, this is indeed the problem! This is the time when we all have seen (to our own heartbreak, frustration and sorrow) how many of them flounder upon leaving the institution and quickly return.

The basic quality of the institution has to do with its protection. Usually, even under the worst of conditions, there is more real protection offered to these people — their food, even though it may not be to their liking, their shelter, and their clothing — than is available to them in their daily lives. Their basic needs are met. In the best institutions much more in terms of protection is offered, including medical and psychiatric services. As any physician or correctional person knows, anybody who is incarcerated for a period of time regresses. This regression needs, in part, to be counteracted if release is to be successful. There is probably less regression in a prison than in a hospital, but regression does take place. Dependency needs become satisfied by the protections that the shelter provides. Such individuals, when they leave, search out their old modes because they are terribly threatened by the sudden shift from a protective milieu to an unprotective milieu like that which exists in any big

city such as Boston. Many of them have no family members, while those that have family members are so estranged that the family unit is considered to be broken down.

In leaving the correctional institutions they suffer a serious problem of separation. This then introduces the question of what the medical institutions can bring to bear on this problem. After all, in a marriage each partner has to contribute something to make a marriage successful; each partner has to work hard at the problems encountered in order to make the marriage a successful concern.

What do the medical institutions have to offer? I would say that 25 or 30 years ago they had very little to offer. The medical approach was a traditional one, by which I mean simply a one-to-one doctor-patient relationship in which, in our middle class system, the patient paid 50¢ or $1.00 for services rendered. The patient had a sickness which had some organic basis for which the doctor would give a pill. I think you all know what I mean by the traditional method of practice. The patient would be hospitalized, given medicine by the nurse, and sent home. This has worked very well, of course, with persons suffering from organic illness.

But to the alcoholics, obviously it had nothing to offer. Professor MacCormick uses the correct terms when he says they present a social, psychiatric, medical problem. These patients are different, their problems are different, and their attitudes toward the physician are different.

Interestingly enough, all through the world there seems to be a change going on in the medical approach to the problem of emotional disturbances in which both the value of and limitations of incarceration are realized. Different techniques have been developed, and it is these that the medical institutions have to offer the penal institutions; that is, such techniques as the halfway house, the day hospital, and the night hospital.

Our experiences with social services have given us a very important clue to the management of these people. It is not so much a problem of uncovering unconscious problems (this is important, of course, therapeutically), but rather a common determining factor in all the newer therapeutic approaches has been the use of a therapist who has recognized the value of a relationship and has utilized this relationship as an important tool in the management of the offender. For example (and here's an example of a successful marriage) the social worker from the Peter Bent Brigham Hospital, the medical institute, goes to the correctional institution at Framingham and establishes a relationship with an alcoholic inmate within the framework of the institution itself; then upon release, the patient is encouraged to visit the medical institution. A transfer takes place from the correctional institution to the medical institution, following discharge in the person of the social worker. Not that the medical institution has anything magical to offer to the patient (obviously this is not a cure-all in the medical sense), but it is able to handle certain crises. If, for example, a woman has a marital problem and she and her husband get into a fist fight, such as these people do, she can discuss it with the caseworker and, perhaps the

partner can be seen also. Now this is not a cure, but at least these people have a stable person in whom a certain amount of trust is built up and who can help them over some of the daily crises of life. A number of other examples come to mind where the medical institution can be of value. If a woman or man resumes drinking, as so often happens, he or she can get down to the emergency ward of the hospital. The hospital can offer the use of the emergency ward for the purpose of getting the individual over this period of suffering. One of the valuable things that the medical institution has to offer is its availability.

I have mentioned the halfway house; that, too, is a very useful therapeutic tool whose value is so obvious that I hardly need describe it. Our experience shows that skid-row people, the isolated men and women who are so hard to reach, can benefit and recover much more than we were orginally prepared to believe possible.

There is a study at the Massachusetts General Hospital which, from what I understand, approaches the problem at a different level. It handles alcoholics as they come into the emergency ward of this hospital. They find that the earlier (and this means sometimes 2 o'clock in the morning) a therapeutic team, consisting of a social worker, doctor, and a nurse, approach these people, the easier it is to get the cases to return for follow-up work. This is another encouraging step.

I would like to suggest a possibility which is now only a dream, but I can dream here and not have to take any responsibility. I suggest this as a way of bringing those facilities involving the best of medicine and the best of the correctional institutions together in a happy marriage. As in any happy marriage, I am sure there will be quarrels and disputes, but I am also sure that things can be worked out over the years. I suggest that the facilities be brought together at two very important points: first, at the point of reception, and second, at the point of incarceration. I believe that the correctional institutions should have important responsibility for disposition, but that the medical institution should have responsibility also. What I would like to see is a Reception Center built or devised somehow at the Boston City Hospital, perhaps taking over the old South Department. Within this Center the police could refer, a judge could hear and dispose, and correctional and medical committees could classify and develop relevant programs for each person.

This reception system would enable us to determine and implement the kind of treatment program which would be best for each individual. Alcoholics from the street could be brought in by the police, given emergency care if needed, and evaluated for one or more treatment programs. A person could be evaluated as to whether he should remain at the Center or let go, just as is done now. In addition, he should be evaluated in terms of whether he should be referred to an out-patient alcoholism clinic, for example, if he is a reasonably well-constructed man whose family is still intact. Or perhaps he should be sent to a halfway house, if he is not involved in anything particularly criminal and has a certain degree of motivation and a desire to reconstruct his life. Or perhaps he should be completely incarcerated and be subjected to the best in a correc-

tional institution in terms of programming and controls, if he has lost control over his drinking and behavior. Sometimes, the judge will be able to decide on a program immediately, using medical and social work consultation as an aid. If not, then the individual could be studied for a longer time via a court continuation; during this time he would be under observation in the Center or in the community until a wise disposition can be made.

Finally, the Center could be used as a kind of halfway house for the return of incarcerated alcoholics to the community. With its prior knowledge of the committed person, it could offer other aspects of its facilities and resources as the person is ready to handle them, assuring a continuity of care and treatment from the community to the correctional institution and back to the community again.

This is what I would like to see as a means of furthering the marriage of the medical institutions and the correctional institutions. With such a reception center a wide variety of resources would be available, representing many degrees of control and protection from out-patient treatment to complete incarceration. Individualized planning could be developed and implemented by the authority of the court where needed. And the best efforts of the correctional institutions could be more firmly and more widely wedded to those of the medical institutions in the community.

Parole Principles and Practices in Alcoholism and Crime

Reginald F. Brown
Provincial Probation Officer, Department of the Attorney General, Ontario

Introduction

After-care for ex-inmates of institutions is a relatively new thing in Canada. Since the establishment of the first Penitentiary at Kingston, Ontario, in 1835, the emphasis on security and punishment remained much the same until well on into the present century. Official provisions for rehabilitation were practically non-existent. Well meaning but limitedly effective efforts had been made to ameliorate the rigidity of the penal system and provide after-care for selected inmates. As early as 1874 there had been Prisoners' Aid Societies, formed by public spirited citizens to try to rehabilitate prisoners on their release. In subsequent years The Salvation Army, and later The John Howard Society, did excellent work in this field. In spite of their dedicated efforts, no systematic or informed endeavour at corrections was instituted until the implementation of some of the recommendations of the Archambault Report*, which was tabled in 1938. Unfortunately, before much could be done to further the reforms indicated in this report, Canada found itself involved in World War II. Although there was some amelioration of conditions in the prisons themselves, it was not until after the War, with the introduction of Classification Officers and other corrective personnel into the Canadian penitentiaries that there was any recognition of special problems among offenders, such as alcoholism.

Rehabilitative Procedures

When the emphasis in prison policy shifted to rehabilitative measures, Mr. Frank Miller came to Kingston Penitentiary as Classification Officer. As a plan of treatment for those inmates whose histories gave evidence of alcoholism, he advocated the formation of an Alcoholics Anonymous Group within the penitentiary. He found that he was able to interest some of the prisoners in the program of Alcoholics Anonymous and the first meeting of the "Aurora Group" was held early in 1951. From the beginning, speakers from outside groups of Alcoholics Anonymous were admitted to the Penitentiary twice a month to attend meetings. Discussion groups of the prisoners themselves were instituted on the alternate weeks for group therapy.

Shortly after this time an informal committee of members of Alcoholics Anonymous in Toronto was set up to help the members of the prison group when they were released. Arrangements were made for sponsorship in other

*Royal Commission to Investigate the Penal System of Canada, King's Printer, 1938.

centers of Ontario as well. Although the members of this After-care Group had no professional training, they had a personal knowledge of the "road back" from alcoholism. Three of them had had long criminal and prison careers. Their experience was that the alcoholic released from prison needed more intensive help than those who had not gone so far down the social scale, since they not only had their alcoholism to contend with but the handicaps that attend ex-inmates of penal institutions, such as social ostracism and employment difficulties.

It is of the experiences of this After-care Group that I am going to speak and of the results of the application of the program of Alcoholics Anonymous as it applied to these alcoholic offenders. Because of the intense interest and the facilities for keeping in touch, available through the A. A. Fellowship, the follow-up on this group is fairly complete. However, no claim is made that these results are characteristic or universal. They do not include the total number of inmates who attended Alcoholics Anonymous groups in the penitentiaries during the period from 1951 to 1957, but only those members who were associated at any time with the After-care Group in Toronto.

One of the procedures while the inmate was still incarcerated was the endeavour to instill in him a feeling of belonging to the A. A. Fellowship outside the prison walls as well as within. An outside speaker would often keep in touch with an inmate member and after release would become his A. A. sponsor. On the day of release a member of Alcoholics Anonymous from the city of Kingston, where the penitentiary is located, met each member of the group at the prison gate. He had lunch with him, took him to the train or bus depot, and gave him the names of those A. A. members who would meet him at his destination. On his arrival, these members would take him to an A. A. meeting in his community that same evening, to maintain continuity between his A. A. experience in prison and that outside.

The reception of those from prison groups by the members of groups in their own communities was unqualified. They were welcomed into the Fellowship. Those who showed evident sincerity were aided in re-establishment by assistance in procuring employment and were helped with personal problems of all kinds. Alanon, the affiliated association of wives and friends of those with an alocholic problem, also rendered valuable assistance in the counselling of the offender's family in difficult personal relationships. In all, there was a social acceptance that did much to promote the self-respect of these ex-inmates. The frustrations and disappointments, which must necessarily accompany any such rehabilitative effort, were met with tolerance, understanding and perseverance by those members sponsoring the men from the penitentiary group.

It is almost axiomatic that people whose antisocial conduct has necessitated their being incarcerated are rehabilitated in society, not in prison. The most modern prison with the most informed and dedicated staff will have worked in vain preparing the inmate for release if social acceptance is lacking when a prisoner is discharged. The Fellowship of Alcoholics Anonymous provides

an ideal climate for their rehabilitation. Not only is acceptance unqualified, but there is a constant and realistic appreciation of the dangers that lie in the return to drinking. The attitude which is stressed in the Twelve Steps of the Alcoholics Anonymous program to ensure sobriety will at the same time require that the individual strive for self-knowledge on a high standard of social conduct.

Assessment of Cases

The group of ex-inmates under discussion is made up of 40 individuals. These have been followed over a period of four or more years since their discharge from an institution. The crimes for which they were incarcerated included theft, sexual offenses and manslaughter. Ages at the time of the original A. A. contact ranged from 25 to 50 years.

These individuals have been divided into five groups, based on fundamental change in behaviour pattern and social rehabilitation.

In the first group have been included those cases in which there has been no return to drinking, no return to prison and a fundamental character change.

In the second category are those who, after one or more relapses into drinking, which did not result in return to a penal institution, eventually did experience fundamental character change.

Group III includes those who, without fundamental character change, have been socially rehabilitated to a degree.

Just one individual, who did not return to drinking but who did commit another offense for which he was sent to penitentiary, has been placed in the fourth classification.

Group V covers the individuals for whom this program has been ineffective.

In the first group have been placed 15 individuals who have not returned to drinking and who have been socially rehabilitated. All have had over four years continuous sobriety since their release from a penal institution.

In seeking for factors common to this group, it has been found that invariably the following have been present:

(1) The presence of and the ability to feel a sense of guilt.
(2) A desire and willingness for change.
(3) The acquirement of considerable self-knowledge.
(4) A talking-out of the hidden causes of guilt.
(5) The application of the principles in the Twelve Steps of Alcoholics Anonymous to their lives on a daily basis.
(6) A will to be of service to others.
(7) Deflation of the ego at depth.
(8) An acceptance of spiritual values.

Each of these individuals in his own way has undergone conversion in the religious sense of the word. To quote William James*, "He becomes conscious that his higher part is conterminous and continuous with a MORE of the same quality which is operative in the universe outside of him, and which he can keep in working touch with, and in a fashion get on board of, and save himself when all his lower being is gone to pieces in the wreck." This, of course, is the most radical way in which human beings can be influenced and change becomes effective. There is no dogma necessarily attached to their conversion. Some have become communicants in the church they attended in childhood. The Alcoholics Anonymous "God as we understand him" seems to be acceptable to the most devout follower of any creed and also to those who come to the Fellowship professing agnosticism or atheism.

As an illustration, take the case of one of the original members of this group, Jake R. Jake is a man of immense physical strength, an ex-professional soccer player, wrestler and judo expert. He relates of himself that in his youth his favourite pastime when drinking was to go into a public house and turn his glass upside down, which meant that he could "lick" any man in the place. His criminal and alcoholic career was a long and varied one with progressive deterioration, both moral and social. Because of his brutality around the home, he lost his family. While he was serving his last term in Kingston Penitentiary, the Classification Officer told him he had an alcoholic problem and advised him to go to Alcoholics Anonymous. In Jake's own words, he attended a meeting after his release, "To find out how the members got the new cars they rode around in and the good clothes they wore. I figured it was a racket and I wanted to get in on it!" At his first meeting he could understand little of what he heard. As he was leaving the meeting place, however, a member of the group and his wife approached him. Thinking perhaps that he looked hungry, they invited him to dinner with them. This other member also happened to be a man who had spent a good deal of his life in strenuous physical activity in our North country. He narrated the story of his own drinking problem to Jake. Empathy was established which enabled Jake to assess himself in the light of the other's experience. As Jake says, "Suddenly I couldn't kid myself any longer as to what a great guy I was!" At the same time the other member's story implanted in him the hope that recovery was possible for him also. Under the sponsorship of his new friend, he became a regular attendant at meetings and soon discovered, to his amazement, that he no longer wanted or had to drink. His wife heard about his reformation and the family was reunited. The former brutal drunken father has given way to a reasonable and loving parent and husband. Jake has been sober over ten years, respected and loved in the community, and has worked unflaggingly to help other ex-inmates in their rehabilitation.

In these 15 cases, this, in a greater or lesser degree, has been the common experience. It is the quality of change that impresses one. All except one of

*William James, "Varieties of Religious Experience."

these 15 had had three or more criminal convictions. That they can change at all is in itself remarkable but that the basic urges can so radically alter their courses seems indicative of a capacity for amendment far more fundamental than the most optimistic observer could hope for.

Maturation cannot account for this change, since alcoholics who continue to drink deteriorate progressively. Even after they are burned out and are no longer implicated in major crimes that would send them to penitentiaries, they become in many instances part of that horde of "skid row" type alcoholics who pass through our courts to short term jails and reformatories on the "revolving door" principle.

The four individuals who have been placed in the second group are those who, after one or more alcoholic relapses since their release from prison, have finally become rehabilitated for a period of five years or longer.

The story of one of the members of this group, Jim K., is particularly interesting as it illustrates so many of the problems that may arise in re-socialization. This lad was one of the youngest of the group. At 25 years of age he had already served three prison terms for brutal sexual assaults. This lad is a type of young offender more numerous than is commonly supposed. Such young people have not indulged in alcohol for the length of time deemed necessary for true addiction. However, early in their 'teens, often from their first drink, they experience symptoms of advanced alcoholism, particularly alcoholic amnesia. Whether they drink to release their repressed subconscious urges seems to be unanswerable at present.

During Jim's third term in prison, the classification officers became aware of the fact that his offenses were always committed during periods of intoxication. He was advised to attend the Alcoholics Anonymous group. On his release he was met by members of the After-care Group in Toronto and initially established good A. A. contact. After a year he married and in another year a child was born. As these new interests came into this young man's life, he gradually drifted away from regular attendance at meetings and the pattern of conduct that had ensured his sobriety. In a matter of months he was drinking again and soon found himself before the courts once more on a charge very similar to his previous one. In the next eight months, while out on bail awaiting trial, he came to full realization of what the future held for him if he continued to drink. He returned to Alcoholics Anonymous and, in addition to attending meetings, he had long sessions with one of the members in attempts to explore his anti-social conduct. At one point in the interviews, his confidant felt that Jim's case was beyond his competence to deal with and Jim was advised to see a psychiatrist. After a few visits to the psychiatrist, Jim decided that he could not confide in the doctor. However, in these visits the psychiatrist had started Jim thinking along lines that led him to a realization of the urges and the experience that had helped to create his particular pattern of anti-social conduct — repressed during sobriety but breaking into violent action of a particularly dangerous nature when the censor was anaesthetized with alcohol. Fortunately, at his trial the jury in the case did not find the evidence strong enough to convict

him. He has continued his A. A. association and in the following five years we have watched him grow. He is now the responsible parent of four children, has a good job and seems to be holding firmly to those lines of conduct which will continue to ensure his sobriety.

The relationship established between Jim and his A. A. sponsor that finally made abreaction possible was perhaps due to the fact that his confidant was also an ex-convict with a long criminal record, who, by the application of the principles of Alcoholics Anonymous to his own life, had had his alcoholism arrested and gained insight into the causes of his own destructive propensities.

The third group is composed of seven individuals who show a considerable degree of social rehabilitation without a fundamental personality change. These men, in spite of the fact that they have indulged in periodic bouts of drunkenness, have experienced long periods of sobriety and have not committed major offenses which would return them to a penal institution. In the past five years or longer that all have been at liberty, their work records have shown considerable improvement.

Harry M. is a case in point. This 52-year-old recidivist had spent most of his adult life in penal institutions of one kind or another. He has been at liberty five years and has held the same job for that length of time. He has been a periodic attendant at A. A. meetings, where the companionship of members helps keep him sober for long periods. In the five years, he has been helped over four severe drinking bouts. When the drinking gets out of hand, he calls on some of the members, who have managed to get him sobered up and back at his job. He has also been referred to the Alcoholic Clinic, where he gets supportive treatment.

The others included in this category have patterns roughly similar. The improvement here may not be entirely attributable to the practice of A. A. principles but there seems to be no question that the counselling in prison and acceptance in society has contributed to a degree of re-socialization.

The one rather bizarre case of a man who did not return to drinking but who committed another crime — attempted armed robbery — has been placed in the fourth classification. This man has below normal intelligence yet his limited participation in Alcoholics Anonymous seemed to bring about complete remotivation as far as his drinking was concerned.

The remaining 13 individuals in the fifth group are those for whom the program of Alcoholics Anonymous has been able to do very little. Two of them have been diagnosed as psychopathic. The others were unable to gain any insight or self-knowledge. During their longer or shorter association with A. A. they did not achieve any lengthy period of sobriety and most of them were soon before the courts again. Three of them who have recently been released from prison are at present having another try to attain sobriety. One is living in the Salvation Army Harbour Lights shelter for the treatment of alcoholics. In this institution many of the homeless alcoholics of our city are given treatment.

In the cases considered, 26 have not returned to penal institutions over

a period of at least four years. For the 15 members in Group I, little other than an adherence to the program they had followed in prison was necessary. Counselling and aid in solving of many social problems were always available. These men were already so well motivated that they needed little more than to be shown that their alcoholism could be arrested if they were willing to try to fulfil the conditions by which sobriety is possible to an alcoholic, as embodied in the Twelve Steps of Alcoholics Anonymous.

Those in the second category leaned strongly on the supportive therapy of the A. A. group. Ultimately, after a "convincer or two", they also were able to live by the philosophy of Alcoholics Anonymous and to attain sobriety.

It is characteristic of those in the third group that, although not well motivated and often using A. A. as a material aid only, they nevertheless have had long periods of sobriety, have been employed most of the time and have managed to stay out of prison for a longer period than most of them have been at freedom for many years. Some of them may eventually gain a deeper insight that will lead to their remotivation. They are given support by those in the A. A. Fellowship and know that there is a remedy for their situation if they can accept it.

Rehabilitative Principles

The after-care principles inherent in this method of treating the problem of alcoholism and crime begin with the wholehearted co-operation of the Correctional Staff of the penitentiary involved. The inmates in this institution were encouraged to form their own Alcoholics Anonymous group, so that they became participants in the programme, rather than a passive audience. In other institutions where inmates serve short terms for drunkenness and petty crimes and where no actual group participation in A. A. takes place, the results of Alcoholics Anonymous endeavours have been negligible.

On release from an institution, the alcoholic ex-inmate needs strong, continuing supportive assistance and understanding approbation. Otherwise it is too easy for him to return to an environment to which he has reacted unacceptably in the past. After his period of incarceration, he feels himself an alien in society and so readily will resort to the familiar "glass crutch". Here is where sponsorship, as advocated and practiced in Alcoholics Anonymous, is invaluable. The sponsor, in attending a prison group meeting, may have become acquainted with the inmate prior to his release. He will probably be willing and eager to devote a great deal more time to this man's problems than can a professional after-care worker with many demands on his time. Such a relationship between a member and his sponsor may be an enduring one that not only tides the releasee over the hard adjustment period of the first few months but is a resource to which he can turn in the years ahead.

The vital question of community acceptance is nowhere more readily solved than in the Fellowship of Alcoholics Anonymous. Attendance at A. A. meetings almost ensures sobriety. There is an atmosphere where evasions and conceal-

ments about his past are unnecessary, where friendships are established and social contacts made that help to dispel loneliness and restore self-respect and confidence.

Conclusion

The principles in this program for alcoholics are not new. Embodied in the program are some of the methods used in social work after-care, with which most parole officers are conversant. They need no elaboration here. The establishment of a meaningful relationship, the effort to inculcate self-knowledge, the help in solving adjustment problems, both family and social, are familiar to all of you. These are potent tools in our efforts to help others redirect their conduct to more acceptable patterns which will conform to what society expects and which bring integration and the satisfaction that goes with it to those we are trying to rehabilitate. Yet in the treatment of alcoholic releasees, as far as can be determined, this is very, very rarely enough. Speaking from almost a lifetime of intimate association with alcoholics and criminals, in my experience I have never known an alcoholic criminal who made a successful adjustment to life unless he had undergone conversion. (Here again the word is used in the religious sense.) It is my experience also that this conversion is more likely to happen in Alcoholics Anonymous than anywhere else.

In our present state of knowledge about alcoholism and crime, solutions are being sought in many disciplines but few specific answers are as yet forthcoming. It is not realistic to imagine that any immediate and effective scientific breakthrough can be expected in the causes and treatment of alcoholism. As it stands, there are not enough professionally trained therapists to even begin to cope with the problem and there seems little prospect in the foreseeable future that there ever will be.

The experience of Alcoholics Anonymous has shown that a great many alcoholics can be reclaimed without recourse to clinical and psychiatric treatment. To burden our already overtaxed clinical facilities and psychiatrically trained workers with these would seem a deplorable waste of time. Laymen groups of many kinds do invaluable social service. In the field of alcoholism, the work of Alcoholics Anonymous has been unexcelled and it can be of invaluable assistance in the difficult and arduous task of trying to rehabilitate those alcoholic recidivists who form a considerable portion of our prison population.

Mr. Brown is a Provincial Probation Officer with the Department of the Attorney General of Ontario, Canada. He completed his Senior Matriculation in that Province. Following his discharge from the Canadian Army he became interested in the changes that were then going on in the Canadian penal system. His interest first took the form of joining with a small group of volunteers to aid inmates who had alcoholic problems. Shortly thereafter he entered the Ontario Probation Service and has remained to the present.

Discussion:
James F. Gavin
Parole Officer, Massachusetts Parole Board

My understanding of the discussant's role is to pick out some of the salient points presented in the paper for further elaboration and discussion. I hardly think it is necessary, after three days here, to say that alcoholism is a very complex problem, that this is a very broad field in which there is room for everybody. I do not feel that A. A. is the single answer to alcoholism. I know full well that it is not, but I was forcibly struck by the similarity between the approach which Mr. Brown has evolved in a city 700 miles away and that which I have come to independently by trial and error here.

The problem to be faced was the same: namely, the number of serious criminal offenders who are sentenced to our correctional institutions for crimes in which drinking was an important factor, and their ignorance of the contribution drinking makes to their difficulties. The direction of solving the problem was also similar: the Alcoholics Anonymous group.

While it will be necessary for us to mention the Alcoholics Anonymous program, we do not ask you to accept the exclusiveness of the picture of alcoholism as propounded by the Alcoholics Anonymous literature. A.A. has no official spokesman, nor does any member's interpretation of the program of A.A. necessarily reflect the views of the General Service Office. But in the Alcoholic Program of my Parole Department, Alcoholics Anonymous is the most readily available therapy and the most acceptable to our subjects. We have an A.A. group in all of our state correctional institutions, and we are attempting to supplement the regular meetings with discussion groups conducted by approved, able, mature A.A. members who have a facility for getting the philosophy of the A.A. program across to the inmates. Also, we are developing a more effective program of sponsorship for our released inmates.

About a dozen years ago, we became very much interested in the A.A. programs in penal institutions. After graduating from the Yale School of Alcohol Studies in 1951, and continuing study of the various therapy approaches and the many diverse programs all over the United States and Canada, we in this area began to evolve a program to deal more realistically with the inmates confined in our institutions. "We" is not an editorial form of the pronoun, as hundreds of discussions were carried out with recovered alcoholics in A.A. who were active and experienced with institutional work with alcoholics within the A.A. program, and with inmates, both inside the wall and outside in free society. We had many meetings with groups of former inmates who were recovered alcoholics and were living in the A.A. program and some meetings with those who were not recovered. We discussed the deficiencies of treatment approaches and the factors involved in release from prison which made release such a psychological crisis for most inmates, and particularly for the homeless

inmates. Out of these discussions evolved a tentative program which could be divided into four areas:

1. An Alcoholics Anonymous program within the institution for the incarcerated inmate.
2. An effective state-wide sponsorship program for the released inmate.
3. Education of the staff and personnel in the institutions concerning the functions and limitations of A.A. in the institution.
4. Establishing a half-way house as a pilot project.

This four-part program was presented to the Director of Parole Services in detail in 1961, and all of it has been implemented in varying degrees at the present time.

As stated, there was about a dozen years of ground work and seemingly unrelated steps prior to any formalization of a real program. One of these steps was the formation of a special purpose group of Alcoholics Anonymous — the Good Samaritan Group. This group was comprised of people interested and experienced in institutional A.A. work and recovered alcoholics who had an additional, mutually shared experience of having been confined to a long-term, custodial institution. From this group we learned that in the case of alcoholics discharged from a long-term custodial institution their problems seem centered on two situations: (1) they had become isolated from society, and (2) they had great difficulty in personal relationships. We have had dramatic proof that with a little extra help and understanding, these deficiencies can be overcome and these individuals can make a successful adjustment to society. Dramatic is the only word to describe this attitudinal change. They had new values, new goals, and a new philosophy of living. Now, we have laid the ground work and are ready to set up a half-way house. This half-way house will not be an institution. Our subjects have had too much of institutions. We cannot afford publicity because of public misconception as witness the opposition to establishing a home for unwed mothers, as recently proposed in one of our metropolitan residential areas. This is but one of many problems attendant on a project of this kind, but we have the interest, the good will and the dedicated participation of hundreds of people of experience and proven ability in this field of therapy. We have available, also, many specialists in religion, medicine, psychiatry, psychology, and the social sciences who are recovered alcoholics and who will participate in this project in counselling and in other specialized fields.

There is an unresolved debate as to the number of alcoholics who have psychological or emotional disturbances underlying their alcoholism. Dr. Fleming, about ten years ago at Yale in speaking of hundreds of private cases he had reviewed, estimated this at about 28 percent; in other words, 72 percent were without any serious mental disturbances. Dr. Selden Bacon, at the same

time, would like to set this figure much higher, stating that there were a great many alcoholics who had serious emotional and psychological difficulties of which their drinking was symptomatic. Some A.A. people, on the other hand, feel that more than 95 percent of alcoholics can recover adequately on the group psychotherapy of A.A., leaving 5 percent who might fit into the category of psychiatric, psychological, or emotionally-disturbed people. We are not going to attempt to resolve this debate here. Rather, I would like to relate here an episode which took place at a recent luncheon dinner involving people interested in alcoholic therapy.

Dr. Leary of Harvard, in describing his project with released inmates, stated that he and his colleagues had to learn the hard way of the inbred distrust that the inmate has of what the doctor calls our middle-class social institutions or social agencies. At that same luncheon, a very interesting proposal was made by Dr. Sheldon Glueck, also of Harvard. In the doctor's studies over the years, he had become increasingly aware of a faculty in some individuals which makes them effective practitioners in relation to people with problems. This faculty has been evident, the doctor stated, in housewives, traffic policemen, bartenders, school teachers, correction officers, line supervisors and many others who have not had any specialized graduate-school training in any of the social sciences. As a descriptive term for this faculty, Dr. Glueck referred to them as "therapeutic personalities". Dr. Glueck would like some research to isolate and define the unknown factors which go to make up such a personality, with the hope, we suppose, that these factors might be inculcated into others who might be working in our fields.

Now these two comments by these very able men are very pertinent to our experiences in this particular field. We in corrections very early in our careers become aware of this mistrust by the inmate that Dr. Leary speaks about, and we become aware of the false values of the internal social structure of our prisons. This invisible social order of the prisons, with its criminalistic mores, sets limits to any treatment program within the institution and, according to the doctor's experience, appears to set limits in the outside society as well. Dr. Glueck's comments were also pertinent to the kind of people we have found to be effective in this relationship of sponsor or counselor or guide to our alcoholic parolee. These people seem to possess in abundance those factors described by Dr. Glueck as the ingredients of the therapeutic personality. We seek out these individuals possessing these faculties and interest them in this field of therapy. It is well nigh impossible to estimate the value that this power of example demonstrates to the inmate approaching therapy for the first time. More and more inmates on the outside who have finished their time and now are having problems in the community are coming around and seeking help. The number of inmates who have recovered and are doing well is steadily increasing, and this alumni participation, if you will grant that term, is a tremendously potent force in the therapy program. We hope that in the future more and more of this sponsorship will be taken over by these recovered former inmates in the A.A. fellowship.

Finally, we feel with our half-way house we can focalize and centralize our activities. Crisis situations in alcoholism almost never occur in office hours from 9 to 4, Monday through Friday. Due possibly to the almost ingrained perversity of the alcoholic, these crisis situations occur invariably at almost any other hour except so-called business hours. These are the times when help is needed, and these are the times when people must be available to give that help.

I would like to close now with the advice we give to any and all who seek to work with alcoholics. I am sure Mr. Brown has discovered it in his own work. This is rather simple advice: (1) Don't always expect success, and (2) Don't ever fear failure.

Summary of Group Discussions:

David W. Haughey, Ph.D.
Director of Psychological Research, Massachusetts Department of Correction

Norman A. Neiberg, Ph.D.
Director of Psychological Research, Division of Legal Medicine, Massachusetts Department of Mental Health

The seventy conference participants were divided into six groups, each of which met for four sessions, yielding a total of twenty-four separate group sessions. The composition of the groups was so arranged that the six sponsoring agencies were represented in each of the groups by at least one participant. In addition to the Leader and Recorder one of the invited speakers was assigned to each group as a Resource Person*. The reports prepared by the Recorders contained a considerable degree of overlap in content, revealing that the issues considered by each group tended to be the same, although there were differences in emphasis. Consequently, this summary has been organized about issues rather than groups, not only to avoid repetition, but to present the differing emphases around a specific point in a logical arrangement that lends itself more readily for comparisons. Illustrative excerpts from the Recorder's reports have been included to communicate more accurately the flavor of the discussions.

What is the Relationship between Alcohol and Crime?

Each of the groups considered this question during the early stages of its discussions, partially under the impetus of Dr. Bacon's *Overview* and partially as a vehicle by which the group members could become acquainted with one another. The nature of the relationship between alcohol and crime seemed particularly suited to evoking different points of view based on work experiences, professional identity, and personal philosophical convictions.

In essence three major types of relationship were identified and discussed: (1) alcohol as a primary cause of crime, (2) alcohol as a secondary or contributory cause of crime, and (3) alcohol as having no causal relationship to crime, although these two factors frequently appear in association with each other.

1. Alcohol as a Primary Cause of Crime.

This category of relationship attributes the causation of criminal acts directly to the excessive use of alcohol by the criminal. It was frequently described by participants whose experience was drawn from the correctional field. For example:

*A table describing the organization of the groups is appended to this summary.

> Illustrations were drawn from the experience of one of the members from an adult correctional institution in which consistently running through the recidivists' records is the fact that their crimes are committed only when they are under the influence of liquor. These men are not seen as professional criminals even though they may have long criminal records.

Assuming this direct causal connection between alcohol and crime, then a major contribution to the problem of the control and prevention of crime rests in solving the problem of alcoholism. As stated by a correctional administrator, "If there was a specific to solve the problem of alcoholism, then crime would be reduced at a minimum by 25% throughout the country." It was noted in particular that this relationship of alcoholism and crime was especially significant for the female offender.

> Drinking appeared to play a great part in the offenses of women. It was indicated that approximately 75% of the commitments to the women's correctional institution, regardless of offense, were truly addicted to alcohol.

The emphasis by correctional people upon the primary causal relationship between alcohol and crime can be understood from their concerns about the taxing of their facilities in housing the chronic drunkenness offender. It was pointed out that 20% of the Massachusetts prison population are presently confined for the crime of Drunkenness, while 50% of the female prison population are confined for this offense. Since in Massachusetts drunkenness is a cause for arrest and judicial action which may include sentencing and imprisonment, then by definition excessive drinking of alcohol is a crime.

Only passing reference was made to two other areas in which a direct causal link between alcohol and crime seemed apparent. The first, violation of the liquor laws as in the illegal sale and manufacture of alcohol, was quickly dismissed as irrelevant to the major concerns of the participants. The second, traffic accidents resulting from intoxication, received greater consideration, but was generally viewed as a problem of public education.

Finally, a direct connection between the abuse of alcohol and certain specific crimes was noted, in particular assault and homicide.

> . . . an important point was made in our discussions that in cases of severe assault and homicide, drinking by both parties was a dominant factor. It was felt that the excessive use of alcohol helped reduce aggression from a verbal to a physical level of expression.

Again the point is stressed that the committing of the crime would not have occurred had the individual or individuals been in a sober state. Here, alcohol is seen as a trigger mechanism for the overt physical expression of hostility in persons with problems of control, and particularly so when the inhibitory barriers are mutually weakened in an interpersonal situation.

2. Alcohol as a Secondary Cause of Crime.

In this category of relationship criminal behavior is viewed as a long term development following from prolonged alcohol addiction. Thus the primary category was oriented towards the criminal act directly released by alcohol intoxication, while in this category the focus is toward the secondary consequences of alcohol addiction.

The many so-called petty larceny and forging offenses committed by habitual drunkards seem to be not so much criminal in motivation as criminal in operation. Here, the alcoholic steals to support his addiction much as does the narcotics addict, although the stealing usually is not as frenzied in the alcoholic.

> Mention was made of many men who passed checks; those who passed the checks to get money for alcohol and those who, after having drunk up all their pay, pass checks to get money to meet their family expenses.

Other anti-social consequences of alcohol addiction in addition to economic ones were also discussed. For example, the loss of self-esteem which may have been instrumental in the development of the addiction becomes intensified when the addictive pattern itself leads to further losses of self-esteem related to loss of job, marital stress, social disgrace, etc. In such situations the alcoholic is driven more and more into a vicious circle where the socially acceptable outlets decrease and anti-social responses are increasingly brought into play Probation officers in particular were concerned in this area.

> . . . it was indicated that two of the most difficult problem areas now being handled by the Probation Officer in the district courts are those of domestic relations and alcoholism, which frequently overlap.
>
> In the case of the habitual drunkard it was indicated that there was a certain pattern of anti-social behavior typified by charges of Drunkenness, Neglect of Family, Assault and Battery on Wife, and Desertion in which the use of alcohol appeared as a contributing factor.
>
> The major problem of the District Courts is Drunkenness considered as an offense; but if one adds to this the appearances on such charges as Vagrancy, Non-support, Idle and Disorderly Conduct, Neglect of Minor Children, and Disturbing the Peace in which alcohol plays the biggest part; then the problem of alcoholism accounts for over 60% of court appearances.

For the person who is unable to adapt to the stresses of everyday life the retreat of alcoholism as a way of life offers a ready palliative under certain psychodynamic conditions. Removed from both the stress and the stress reducing agent, alcohol, the person may reveal an apparently dramatic change wherein he becomes productive and well-adjusted. Many examples of this

type were available from prison experience: the "good inmate" who upon release immediately reverted to the "poor citizen" was frequently introduced into the group discussions. There was general recognition that the protected and protective environment of the prison helped reduce some of the feelings of loneliness and isolation experienced by the alcoholic in the outside world, feelings which upon release led him to seek his past associates, often ex-prisoners, in the barroom and thus become involved again in criminal activities. Parole Officers were particularly familiar with such phenomena.

3. Alcohol as Causally Unrelated to Crime.

A third category of relationship attributes no causal connection existing between alcoholism and criminality, although these two factors are often found in association in the same individual. At one extreme was the discussion which emphasized a negative correlation between alcohol and crime in the professional criminal.

> In relation to the professional criminal it was pointed out that they look with disfavor upon excessive drinking. Once a professional criminal starts to drink his associates leave him, finding him to be unreliable, untrustworthy, and liable to error.

Again passing references were made to the role of alcohol in relationship to motor vehicle violations. Here, the problem was seen neither as one of alcoholism nor one of criminality, but as a momentary coexistence of each as a result of situational events.

Another position held that alcoholism and criminality were frequently associated because they both represented symptoms of a more basic underlying process of social disorganization. In this view there is a large group of people dislocated from their society, lacking the commonly-held values, and displaying a variety of anti-social symptoms including alcoholism and criminality.

> . . . we discussed these individuals who have no place in society and who cannot form any positive relationships there. We wondered if this kind of person who continually abused alcohol were corrected in this excess would he be any more able to fit into some level of society. The consensus was . . . that his drinking, like his criminality, tends to be merely another aspect of his anti-socialism.

4. Conclusions.

If one point of view could be selected as most representative, it would have to be that which proposes complex, multifactorial relationships between alcohol and crime. For example:

> It was recognized that alcohol could be a specific cause of crime, but also that alcohol along with many other factors should be considered only as part of the causes.

From another group:

> Again and again the discussion was referred back to the point . . . that there is a multiplicity of causative factors in drinking and criminality — that there is overlapping . . .

From a third:

> Crime was restricted to one area and alcoholism to another, and although they overlapped at times, nevertheless they were still distinct.

However, in assessing the relationships of alcohol and crime no clear-cut answers emerged. Rather, the participants emphasized the need for individualized case studies in which can be ascertained the meaning of alcohol to a particular person at a particular time in the commission of a particular crime.

Which Are the Important Issues?

After the group members had become more familiar with each other's position and responsibilities, they turned their attention to the multitude of work-related problems which they faced, some of which were specific to the member's agency and some of which were faced in common. A series of issues which transcended the agency emerged, issues which were important to all regardless of where each might find himself. These issues are considered below.

1. Improved Diagnosis and Screening.

Logically following from the complex relationships found to exist between alcohol and crime was the conviction that the individualized case study is an essential ingredient for treatment planning and sound decision making. The handicaps to establishing better screening and diagnosis were often cited: overwhelming numbers of cases, a lack of trained personnel, and the weaknesses of current diagnostic tools.

> The question was raised as to how one could tell the difference between the criminal who drinks and the drinker who commits a crime, particularly when there were neither diagnostic tools nor professional personnel available to answer these questions.

Despite these shortcomings the points of need for such services and the problems they would attack were clearly voiced.

> There was discussion of the need of the probation services for techniques to get the offender to recognize that the use of alcohol may be a problem for him.

From a probation officer:

> Monday I will see the same old familiar problems and I don't know the ways to help them. I need some classifications, a way to diagnose these people so I will know what would be the best way to help them: who should go to A.A., who should

have psychiatric treatment, and where should I refer them? The treatment of the young offender and the young drinker was touched upon and it was noted that with better knowledge the courts could take earlier action in referring more cases for treatment rather than using fines, probation, or imprisonment.

There was a marked feeling that institutionalization was not always used to the best advantage.

> Although it was pointed out that we shall always have correctional institutions, it was indicated that probably 50% of those committed should not have been institutionalized. The place for screening should be the court, but it is not done principally because of inadequate staff. The problems and needs of the person should first be ascertained before deciding who does and who does not need institutionalization.
>
> I would say 5–10% of our population should be locked up for a long time, perhaps forever, but the others should be released earlier because they become dependent on the institution.

Even with improved diagnosis a warning was sounded:

> The question was raised as to whether or not one could identify certain sub groups of problem drinkers in which there were similar characteristics and use these groupings in order to formulate treatment plans. There was disagreement on this since some members felt that sub-dividing encouraged stereotyping the problem drinker and possibly losing an individualized point of view. There was much reiteration of the point that each individual must be assessed and that plans should be fitted to his individual needs.

2. Gradual Release Procedures.

Universal concern was expressed regarding the release of individuals back to the community, whether following an overnight lockup, a sentence to a correctional institution, or a voluntary commitment. Comments such as the following were typical:

> There was much discussion of the high rate of recidivism among those with an alcoholic problem. The point was made . . . that when the institutional supports are removed the inmate goes back to the same kind of life from which he was removed.

The support offered the prisoner during his incarceration by various institutional programs including volunteer activities by outside groups cannot be minimized. These programs bring the community into the prison and maintain a contact with the outside world. However, provision for post-release follow-

up is seldom made, and the release of the inmate is sudden and complete, severing all the connections that have been laboriously established during his incarceration.

> From the point of view of the parole officer it appeared that some things (institutional ties, lack of community ties) were not being given sufficient recognition and that the release process lacked certain necessary supports. It was further felt that there was little meeting of the minds among those agencies that deal with the problems of after-care.

All of the groups supported the idea of a gradual release process through a series of stages of outside control and contact with the community. The analogy of such a release process to the decompression procedure of deep sea divers was frequently mentioned and seems remarkably apt. The several stages of control and social contact and responsibility allow the inmate opportunities to gradually abandon the dependency built up during his incarceration and extend his emotional investments into the community in which he will eventually become a free citizen. Of all gradual release procedures the half-way house was the best known and most frequently mentioned device. It seemed that the sponsorship of the half-way house made little difference whether it be public or private, medical or correctional. The major points of concern revolved about funding and the ability of the facility to operate in a sufficiently flexible manner to insure realistic responses to needs. Some reservations were expressed about certain types of criminals being inappropriate for such a program, but these reservations did not appear to loom large in the group members' minds.

> The use of half-way houses was discussed and most felt they were necessary for the alcoholics, but not for the small group of hard-core criminals. These individuals associating in one group might lead to the fostering of criminal activities. Comment was made regarding the proposed City Hospital Reception Center and its use as a half-way house, but the cost appeared terribly high.
>
> The half-way house used by the Youth Service Board was described. It is set up within a private agency and guarantees 14 beds for a minimal cost. It was suggested that maybe we do not need a large state facility and that it is cheaper to operate a half-way house on a cooperative basis between public and private agencies.
>
> A plan to allow adult offenders to work in industry by day and return to prison at night was discussed. Such a plan is currently in operation in Wisconsin with inmates convicted on charges of Non-support; they work during the day and contribute to the support of their families, returning to the institution at night. Security is maintained by keeping them apart from other inmates.

Other kinds of gradual release procedures were suggested or described in addition to the half-way house. Sponsorship programs by various kinds of community groups were seen as essential aspects of a well-rounded program. Groups such as Alcoholics Anonymous, church organizations, and private prisoner's aid agencies carry the major load in the sponsorship effort. The basic feature of this program is the establishment of a relationship with the inmate during his imprisonment which can be carried over into the community upon his release. A modification of this type of program involves sending professional personnel from a community clinic into the prison to establish a treatment relationship which can be continued following release as an after-care program. The operation of such a program in a woman's prison was described:

> The primary goal in offering treatment to the female prisoners was to get them to continue at the alcoholism clinic following their release. Approximately 60% of the women inmates contacted make at least one visit to the clinic upon release. The hospital has also made arrangements for overnight admittance to the emergency ward when indicated.

3. Need for External Controls.

A fundamental necessity in the treatment and rehabilitation of the alcoholic and the public offender is a system of controls which can be brought to bear on the individual to regulate his behavior when the self-regulating mechanisms are unable to function. The range of external controls extends from the once-a-week out-patient visit to the twenty-four hour a day supervision of the correctional institution. The conference participants deal with the offender at all levels, thus as one agency is unsuccessful the next agency with greater control inherits the case. The progression moves from out-patient treatment (often using physiological controls such as drugs) to the law enforcement agency, to the court and its probation agency, to the jail sentence and finally to the prison sentence. Parole supervision provides a return from the maximum enforcement of external control to less stringent controls in the community.

Awareness of the positive therapeutic benefits which can be derived from the use of external controls was widespread.

> The final point was the recognition again of the positive elements inherent in authority and control — that controlled environments can be treatment oriented as well as punitively oriented. Mention was made of the ability of the correctional institution to provide a total push program; pointing the work program, the recreation program, the therapy program, and all aspects of institutional life toward one goal.

The "how" and not the "where" of the imposition of controls was seen as the vital consideration.

> One cannot overlook the positive and constructive elements in the imposition of controls through custodial care. It was felt by most members of the group that the method by which custodial care is established is a real factor in its positive use.

From other group:

> Commitment should be made to a department somewhat like a Public Health Agency which could work in coordination with the Department of Correction when such facilities were indicated. This inspired the comment that the only places available for custodial care are prisons.

The use of authority to enforce attendance at clinics for treatment was widely discussed as a positive use of external controls with the poorly motivated case. Probationary supervision, parole requirements, and prison programming were all viewed as means to institute a program of mandatory treatment.

> It was felt that group therapy should be mandatory in prisons as a means of changing the crystallized resentments of inmates to all forms of self-help and to the introduction of new techniques of rehabilitation.

Experience with mandatory treatment has led to the formulation of specific kinds of relationships in which there must be successful cooperation between the supervising agency and the treatment resource.

> It was the consensus that it must be the authoritative agent who is seen by the client as the one who is forcing him into treatment; otherwise, if he sees the therapist as forcing him, he cannot establish a working treatment relationship. Experience has shown that many clients move from a mandatory treatment situation into a voluntary one over time.

4. Role of Alcoholics Anonymous.

Alcoholics Anonymous was consistently viewed as providing a vital treatment resource which could not be duplicated by the medical, social, or welfare agency. The special contributions of A.A. such as the constant availability of help, its resources for socialization experiences, its sponsorship services, and the companionship and role models provided by other individuals who had successfully survived similar experiences were frequently mentioned.

> Recurring through the discussion was the theme of the tremendous sense of not belonging, an extreme loneliness, faced by the criminal offender and the alcoholic. Until such individuals are helped to cope with this problem they live in a social vacuum and therefore will often resort again to the use of alcohol. A.A. certainly provides them with a sense of belonging and of living as a social being.

Often A.A. is the only treatment resource available to the alcoholic offender both in the prison and in aiding him to negotiate the difficult release period.

> The correctional institution has recently adopted a plan whereby the A.A. member in good standing in the institution is welcomed on the day of his release by an A.A. sponsor from the A.A. group in the community to which he is returning. It was agreed that this plan offers definite assistance to the inmate against immediate recidivism.

Some questions were raised as to the applicability of the A.A. type of program to the parolee who has no alcoholic problem.

> It was felt by some that the success of A.A. was related to a specific commonality of problems, i.e. alcoholism, whereas with the parolee there have been other life experiences which have been quite different. With these men the areas of uncommonality were greater than the areas of commonality.
>
> Sponsors for inmates were discussed. One member commented that they were like doting parents, while another asked if sponsors were really sympathetic or were they motivated by an unnatural attraction for criminals. He cited a case to illustrate this point.

Two contrasting difficulties in the use of A.A. programs in professional settings were described.

> Another group member pointed out that although A.A. was a valuable treatment resource, he did feel that A.A. was being used by many professionals as an excuse for not carrying out their own responsibilities.

While on the other hand:

> He talked specifically about the difficulties and resistances encountered in attempting to establish an A.A. program at these hospitals. The big issue was that the psychiatrists themselves felt they should treat the alcoholics alone and without aid from others.

Nevertheless, the role of A.A. in dealing with the problems of the homeless, skid-row alcoholic was regarded as the treatment of choice.

> Two concepts are involved: one is the psychoanalytic concept which involves a withdrawl process by the patient in order to explore his personality in depth, following which he leaves the doctor's office to attempt socialization; the A.A. concept on the other hand involves the immersion of the person in his own social grouping and attempting to foster socialization. The latter concept is more desirable, feasible, and effective with lower class groups.

5. Continuity of Care.

Implicit in the preceding issues is a deep concern for smoothing out the discontinuity of case management faced by the institutionalized person whether alcoholic, criminal, or both. All were profoundly aware that these individuals are frequently routed from one caretaking agency to another or pushed from a closed environment to a free community with little regard for the person's human needs for relationships, order, and continuity in solving life problems.

> Granted that sometimes good classification and treatment are carried out in an institution, but when the person returns to the community little of this knowledge filters back to the agencies in the community. Thus many gains are jeopardized or lost on his return. Most thought that greater team work in the community and during the period of removal from the community, such as working with the family while the man is in prison, would reduce recidivism.

Continuity of care for a given individual is extremely difficult to establish when that person moves through several autonomous agencies like the court, the correctional institution, and parole services which in Massachusetts are distinct administrative units. Interagency cooperation is vital, of course; the institutional parole officer is an example of one method for coordinating parole services with institutional programming. Nevertheless, it is the relationship of the inmate to a particular person who follows him through his institutional and parole career that assures continuity from the inmate's point of view rather than the agency's point of view.

> Our Resource Person spoke quite strongly about insuring continuity of treatment with the same therapist both in and out of the hospital. This continuity with the same therapist was seen as extremely important.

In Massachusetts the Division of Legal Medicine is organized about this principle. It is uniquely able to provide the continuity of relationship with the inmate because it provides mental health services both in institutional mental health service units and in an after-care clinic. A therapist is able to pick up cases during the patient's incarceration and continue treatment with the patient following parole or discharge, providing valuable assistance during the difficult post-release period. In this way the Division of Legal Medicine bridges a gap created by the administrative separation of correctional operations and parole services. However, providing such a bridge raises the question of the traditional attitudes toward the association of ex-convicts with each other and with institutional personnel.

> The group pointed out that there are operating procedures which forbid the association of parolees with each other. The premise on which this non-association rule is based is that getting together will foster further criminal activity. It was also pointed out that there are occasions on which this rule

is overlooked and that many parolees cannot get back into the stream of community living as long as they are rejected by the community of which they wish to become a part.

Parolees do have experiences in common with others who have been incarcerated.

Many members of the group could recognize the importance of the fact that those who feel rejected by society might well need the support of others who have similarly felt rejected by society, but have made the grade.

The success of A.A. groups provided a model which might be applied with equal success to other groups of offenders.

The next area discussed dealt with the experience of A.A. groups and other community persons in helping people leaving correctional institutions. The question was posed as to why, if work with alcoholics had been effective by bringing together people who have had a common experience to help each other over a difficult road, this same commonality of feeling could not be extended to other parolees.

Another aspect of continuity of care was seen in the need to find appropriate employment for persons who have gained skills in prison. The newly found feelings of worth are all too easily lost, and a return to the old patterns of failure quickly follows.

Many parolees are forced to accept employment which is both boring and frustrating to them, and this coupled with other senses of inadequacies can push them towards the tavern. There was some discussion of the importance of relating institutional training to later employment.

Overall, the need to relate the agencies to the people rather than moulding the people to fit the agency operation was a recurring theme. Applying available resources in more planful and coordinated ways was viewed as more essential and more practical than multiplying resources which would further subdivide the individual into segmental problems.

Reiterated through and through our discussions was the plea for a comprehensive evaluation of the individual situation before any decision was made on whether the person went to jail, a hospital, or home. Most of the group felt that earlier recognition of the problem, earlier treatment, greater continuity of care would mean that a better prevention job could be done.

Who Should Carry the Responsibilities?

As well as identifying the important problem areas, the conference participants attacked the issues of how to go about solving the problems that were uncovered and applying the knowledge that has been slowly accumulated.

With so many different agency representatives present it was inevitable that the groups spent a great deal of time discussing who should have responsibility for what.

One of the first considerations was whether alcoholism was a medical or a correctional problem. Law enforcement agencies wanted some guidelines in order to clarify their approach.

The question was asked, "What phases of alcoholism constitute a crime? Should we not arrive at a definition — draw a line? In this particular case is this a criminal problem or is it not a criminal problem?" No definitive answers were forthcoming, although the preference seemed to be with maintaining the status quo.

> In response to the question of taking the responsibility from the police and the courts for the determination of guilt or innocence, there were very strong reactions. In general this group felt that there must be some basic ground rules in the matter of crime and that we must continue to take as our standard the manifest behavior of the individual. The differentiation of treatment of manifest behavior can start at the bench where judges, helped by probation staff and psychiatric consultation, may make many different kinds of dispositions of a case.

From an alcoholism worker:

> He further indicated that whether or not public drunkenness is a crime is really a philosophical question, but at the present time we must be realistic: while we have the laws we must decide what we can do for the alcoholic now within our present legal structure.

As evidence that action could be taken the following illustration was cited:

> The Massachusetts General Hospital has received many cases directly from the police when it was felt such individuals were in dire need of medical treatment, the motives of the police being principally humanitarian. This evoked the comment that the police are gradually reacting differently to the alcoholic, considering him not as much a criminal as a person in need of treatment.

Most groups agreed that alcoholism was not an either medical or correctional problem, but one which was so large in scope that there was a need for everyone to take some part.

> In discussing whether the whole problem of chronic drinking should be turned over to the mental health authorities as opposed to the correctional authorities, there was a consensus of opinion that basically this problem must be handled by a multi-disciplined approach.

From another group:

> Specifically, the following were mentioned: probation, parole, police, judges, youth authorities, county and state correctional institutions, general medical practitioners, general hospitals, court clinics, mental health clinics, and, particularly, state mental hospitals. It was agreed by the group that alcoholism is a problem which cuts across all of the other social welfare problems and should be the concern of all areas rather than one.

Stated in more general terms:

> Again it was emphasized that alcoholism is a public health problem, and one which requires the assistance and co-operation of a number of public and private agencies.

Warnings were raised that the focus of concern not become excessively narrowed.

> It was stressed that in terms of a public health approach we cannot focus on one segment of the population. These problems are basically problems for the total community.

Having established basic agreement that the problems of alcohol and crime were everyone's business and required a coordinated public health type of approach, difficulties in the implementation of these ideas loomed darkly in the groups' deliberations. Who should take the initiative and what can be done about agencies working competitively and at cross purposes with each other?

> Medical leadership was severely questioned.
>
> Somebody has to be the boss whether he be a professional or a non-professional. In our area we feel that it is essentially a medical responsibility. The only trouble is that too few doctors give a damn about the problem.

From a second group:

> There was a difference of opinion on this point, but most of the group felt that hospitals generally still think of the drunk as a nuisance who will give them a bad reputation rather than as a sick person.

Still another group was offered a broader perspective.

> Historically, the doctors took charge of the facilities because they represented decency and humanitarianism. Our complaint now is that they can't produce sufficient results by themselves. The emergency ward of the hospital is important, but we cannot and should not belabor the medical aspects involved. We must utilize other humanitarians where and when we find them.

The mental health professional received his share of criticism, also.

> The incompatibility of the correctional worker and the psychiatric worker was touched upon with the unrealistic and some-

times superior attitude of the latter noted as the principal reason for this situation. However, it was felt that a change for the better was taking place.

His limited outlook was questioned.

It was agreed that the concept of treatment has broadened in that the psychotherapist should not only be aware of inner realities, but should also have some knowledge of external events as well.

Other agencies claimed their place in the helping process.

It was indicated that the mental health worker should not be considered fully adequate in coping with the problem without the support of other people such as the probation and parole officer. This applies particularly to those persons released from institutions, where other aids are necessary besides a weekly interview with a psychiatric worker.

Some of this criticism appeared to arise from the feelings of frustration and disappointment that so often accompany work with this type of individual. One group analyzed the problem objectively:

It was pointed out that for a number of reasons some of the other agencies who should have a greater concern with the problem are reluctant because of staff limitations, shortage of beds, etc., and, perhaps, a more basic anxiety related to the many problems of the alcoholic.

While a second group analyzed it subjectively:

We did not overlook the fact that we who work in this field are human beings, too. We tend sometimes to put too great a personal investment in one of our clients, so that when this person fails we react with anger and punishment.

Despite such feelings it was recognized that much would be accomplished by individual initiative and the readiness of any given agency to assume responsibility and commence to work.

The responsibility for the problems of the alcoholic varies from one place to another, and one cannot say that a particular agency should or should not have this responsibility. It depends to a great extent on the readiness of agencies to take it on and the general attitudes of both the public and the professional communities.

Many of us will have to take a more aggressive approach to those in whom we see the problem. We know they will not seek us out, we will have to seek them out.

In developing the notion that there were appropriate actions to take in the present that depended for success not upon new funds or improved facilities, but upon leadership and initiative; several projects were described. For example:

The Pilot Program has been initiated at Bridgewater for the

alcoholic inmate as a result of the leadership offered by the new Superintendent. Results demonstrated that twice as much recidivism was present in those who were not involved in the Pilot Program as in those who were. These changes, improvement in staff attitudes and increase in program, came about without new staff and without additional money.

Interagency cooperation also effects constructive changes when a proper atmosphere is present.

> In commenting on the marriage of treatment and custodial personnel, mention was made of the very good cooperative working relationship between the total staff of the correctional institution at Framingham and treatment personnel coming into the institution from the Division of Legal Medicine and Division of Alcoholism. One of the factors that has made this experience so successful is the long history of a treatment orientation at the institution, that is the staff looks on their job as rehabilitation, treatment, and custody, not custody alone.

Once again the groups arrived at the conclusion that it really did not matter who took the responsibility or where a program was implemented. Successes had been achieved in a variety of settings and administrative organizations. What really counted was how a program was implemented. The guiding principle must be the individualization of approach to a person, be he called alcoholic, criminal, or alcoholic criminal.

> It was the opinion of several that basically it does not matter whether individualization of treatment occurs in hospitals, prisons, or other settings or combinations of these. What mattered was the individualization of treatment could be achieved. It is only as their individual needs are evaluated, classified, and a treatment plan worked out that we will make any headway in the overall problem.

Another group considered that certain cases might profit from a particular type of institution such as the prison.

> Treatment in a mental hospital poses problems of an administrative nature in relation to the other (mental) patients. The question was then raised as to what was the difference between the prison and the hospital as the prison could provide a rehabilitation center and at the same time a deterent effect which might be helpful in many cases.

Finally, a specific area of interagency cooperation which would both provide long range support for program development and help to bridge the gap between treatment and custodial personnel received general discussion and support. This was the area of in-service training.

> The in-service training program by the clinical staff has been

very helpful in raising the morale and general level of performance on the part of institutional personnel. It helps to break down the unseen wall of resistance between the two.

Training helps to develop the native skills of untrained personnel in the constructive use of the self as a helping device.

A question was riased as to what attempts are being made to pass on the understanding of behavior which has been gained by behavioral scientists over many years to employees in custodial jobs. These employees very often have the intuitive human touch, but not the understanding that makes them really effective.

Youthful Drinking

A special area of concern for certain groups was the problem of drinking among teenagers. Pinpointed as important causes of increased drinking among adolescents were social changes that led to the destruction of neighborhood groupings and a changing concept of parental responsibility.

It was noted that the automobile had given adolescents and their parents such great mobility that it has destroyed the neighborhoods; parents do not know other parents anymore, so there are no longer consistent rules for teenagers to observe. We observed that there was an era when the child was seen and not heard, when he did not have the right to have responsibilities and to be considered as having rights. Now we have overwhelmingly turned to being child centered. We understand that for the child to grow he needs models who can consider his needs and provide him with values and standards to model himself after.

The recognition of the need for realistic standards for drinking behavior led to the conclusion that it was necessary to educate adolescents about how to drink rather than try to teach them the evils of alcohol.

We should teach the children to drink. There are 20% who don't want to drink and that is fine, but for the other 80% who will drink, they should be taught how to do it properly. Children want standards to support themselves against the few wild kids who get out of control.

In relation to the small number of adolescent offenders who may be considered alcoholic, the question of the appropriate treatment resource was considered. It was suggested that the correctional agency had particular qualities that made it a suitable choice.

We should give some attention to the big element of denial in the alcoholic delinquent when considering treatment for

him. We felt that the correctional agency can do more than the welfare and mental health agencies because it has a wider range of authority in management. It can require youths in need of treatment to attend a clinic and receive help.

Group Organization

Group One

Stanley Kanter, M.D., *Leader*
James F. Mahoney, *Recorder*
Selden Bacon, Ph.D., *Resource*

Group Two

John Fitzpatrick, M.S.S.W., *Leader*
Gertrude Tanneyhill, M.S.S.W., *Recorder*
Reginald Brown, *Resource*
Therese LaLancette, *Resource*

Group Three

Joseph Mayer, Ph.D., *Leader*
Elizabeth Kingston, *Recorder*
Austin MacCormick, LL.D., *Resource*
David Twain, Ph.D., *Resource*

Group Four

Eliot Sands, *Leader*
John Moran, M.S.S.S., *Recorder*
Robert Borkenstein, *Resource*
Harry McNeil, Ph.D., *Resource*

Group Five

Francis H. Maloney, *Leader*
Daniel F. Clifford, M.S.S.S., *Recorder*
Carl Anderson, Ph.D., *Resource*
William G. Sewall, *Resource*

Group Six

Howard Blane, Ph.D., *Leader*
Charles Falls, *Recorder*
James R. MacKay, M.S.S.S., *Resource*

Summary of Conference

Thomas F. A. Plaut, Ph.D.
Massachusetts Department of Public Health

Introduction

This summary will not be a point-for-point review of the major elements of each of the presentations. The presentations will be printed in the Proceedings of the Conference that will be sent to all participants and made available to your agencies and others throughout the Commonwealth and the nation. Instead the summary will highlight some of the key issues that were constantly returned to, not only in the presentations, but also in the more than twenty group discussion meetings and in countless informal conversations among participants.

All of us came to this Conference with certain ideas about alcohol, about alcoholism, about crime, and about the inter-relatedness of the three. This learning experience has been no different than others in that we now probably feel less certain about our knowledge of these three areas than we did before. While we may have had to give up our belief that we fully understood how alcohol and crime are related, we now are probably closer to a true and realistic grasp of the situation. In this way, then, we are far better equipped to be effective in our day-to-day work with problem drinkers, with alcoholics and with law violators.

Drinking, Intoxication and Alcoholism

Most Americans have very definite ideas and attitudes about drinking, drunkenness and alcoholism. Frequently we are puzzled, distressed and even irritated to discover that others' attitudes differ markedly from our own. One of the objectives of the Conference has been to inform ourselves about factual or scientific aspects of these three social phenomena. As a starting point we need to have sufficient agreement about the terms we are using so that we can communicate adequately with one another.

Drinking — that is, social drinking — is a normal part of the lives of the majority of adult Americans. Alcohol is served at or after sports events, at most parties, at weddings, with meals, and in many situations where it is considered a quite natural part of the situation. About two-thirds (67%) of adult Americans drink. Currently most drinking occurs in private homes, rather than in bars or clubs. This represents a reversal from 50 to 75 years ago when most drinking was done in public places. Another interesting fact about drinking is that far more absolute alcohol* is consumed in the form of beer than of "hard liquor" or wine. This, too, represents a change from the pattern of the last century.

*Absolute alcohol refers to the actual amount of alcohol — not to the number of liquid ounces of beer, whiskey, scotch or wine. Thus a 12 ounce bottle of beer contains as much "absolute alcohol" as a 1½ ounce "shot" of bourbon, or 3 ounces of wine.

More people in cities than rural areas drink; there are variations among ethnic and religious groups in what is drunk, how much is drunk and in which situations drinking is sanctioned or even expected. In some groups, Jewish and Italian for example, youngsters often are introduced to alcoholic beverages at an early age by their parents in the homes. Among Irish and "Yankee" groups, on the other hand, the first drinking experience is more likely to occur at a much later age and outside the parental home.

What about intoxication or drunkenness? We have already indicated that most adult Americans drink alcoholic beverages; many of these persons sometimes get drunk, only a very small proportion of them get intoxicated with any degree of frequency or regularity. While certain extremes of intoxication are disapproved in almost all groups there is tremendous variation regarding what kinds of intoxication are appropriate in different situations. In some groups it is permissible for men to be drunk in mixed company, perhaps also for women to be slightly "high." In other circumstances intoxication occurs only among groups of men. After a major sporting event the participants — and the spectators — may get drunk, and alumni returning to their "alma mater" will get very drunk while celebrating at a reunion. There are standards or rules — not only in relation to drinking but also about intoxication. It is important, however, to recall that there is no single set of rules about drinking and intoxication upon which all, or even a majority of Americans, agree.

The alcoholic certainly drinks alcohol and he frequently gets intoxicated — yet his drinking is very different from the social drinker who is not an alcoholic. Much has been written in an effort to define what constitutes "alcoholic drinking" to describe the alcoholic. It is generally agreed that a man (or woman) is an alcoholic when his drinking interferes with an important aspect of his life — physical health, ability to handle a job or ability to be an adequate parent, etc. The alcoholic drinks for different reasons — the alcohol itself, rather than the social situation in which the drinking occurs, is the main focus. The alcoholic "needs" the alcohol — in this sense he can be considered an addict. His drinking is out of control — once he starts he is unable to stop. It was indicated earlier that there are very definitive rules about drinking — the alcoholic no longer conforms to these rules. For him they no longer matter.

Several of our speakers here have stressed that alcoholism is "an illness," that the alcoholic is "sick." In medical circles and elsewhere this concept has at least superficial acceptance; yet it is clear that this "illness" is different than other illnesses, say a cardiac condition or even an ulcer — in both instances one can point to quite specific changes in bodily tissues or organs. But this is only one of the reasons why public and professional acceptance of alcoholism as a social problem has been so slow. People are not willing to examine problems of alcohol use and alcoholism in an objective manner. These issues are emotionally charged ones — most of us do drink; we get a pleasure, a relief of tension out of drinking and we can control our drinking. We see an alcoholic — he drinks more than we do, so we assume that he is getting a great deal of

pleasure from this. We need to and do control our drinking — why doesn't he control his? This reasoning misses the point that the alcoholic's drinking is not only quantitatively but also qualitatively very different from our own. The alcoholic is not just somebody who drinks a great deal very often. Most people could not become alcoholics even if they wanted to. Several men, including some physicians, have attempted to see whether they could develop the "craving" for alcohol that is so characteristic of the alcoholic. They went away from their usual environment and drank heavily — to the point of intoxication — every day for a month. At the end of this time, rather than becoming addicted to alcohol, they found it less appealing than when they had begun this experiment!

In discussing alcohol or its relationship to other factors, such as crime, it is important to remind ourselves that our attitudes towards alcohol are very much molded by the drinking patterns of our parental home and subculture — and are heavily influenced by our own personal ways of drinking.

Alcohol and Criminal Behavior

Our keynote speaker pointed out that all drinking does not lead to criminal behavior and all crime cannot be explained in terms of use of alcohol. There are a variety of ways in which alcohol and crime can be and are related.

1. The immediate effects of drinking can lead to the criminal act. This accurs when the alcohol removes sufficient inhibitions so that the person does things that he normally would not do. Homicidal and sexual acts may be committed by persons when under the influence of alcohol. In such cases it seems clear that the act would not have occurred if the person had not been drinking. Car theft, particularly among youngsters, may also of course be related to prior drinking. Here, however, it may be the fact that the drinking is associated with a group of teenagers being together, rather than the drinking itself that leads to the theft, i.e., any particular youngster probably would not have stolen the car if he had been alone — even after having drunk the same amount of alcohol.
2. Criminal behavior may occur in efforts to obtain alcoholic beverages. Thus the crime is committed in relation to "traffic" in alcohol. This, of course, is the prototype of most crime associated with drug addiction. A man may use illegal means to obtain alcohol for himself or for others. While there is no question that such violations occur, only very few of them are committed by persons who actually want the alcohol for themselves — and rarely is intoxication related to this kind of criminal activity.
3. Drinking, or drunkenness, may be associated with criminal

activity. It may just precede the activity or follow it, but still is not the "cause" of it.

4. The prolonged effects of years of drinking can be indirectly related to crime in terms of the man's drinking problems having reduced his ability to hold a job and to maintain his position in the community. He thus may move into new social strata and live with groups of persons who tend to view criminal activity as a normal part of their lives.

Whenever we are confronted with a difficult problem we seek to find simple solutions and explanations. For too long efforts have been made to see alcohol and its misuse as a major "cause" of crime. Through the presentations of the speakers here — and through the small group discussions — it has become clear that, while criminal behavior and drinking problems (and alcoholism) may be found in the same persons, this frequently does not mean that the man's criminal behavior was caused by his drinking.

The Nature and Role of Correctional Institutions

There is little likelihood that our society will immediately drop its reliance on law-enforcement agencies, and on correctional institutions and personnel for the handling of drinking problems. This is not to say that the roles and approaches of these agencies and institutions have not changed and will not continue to change. The major emphasis in penal institutions formerly was on security, control, *punishment and retribution.* Increasingly now correctional institutions are described in terms of security, control, *rehabilitation and treatment.* Those elements referring to the protection of society, i.e., security and control, are still present, but to this have been added concepts that deal with the application of scientific knowledge in efforts to help prisoners become more useful, effective citizens. Prisons and jails exist not only to protect society, but also correct the offender. For persons arrested on account of drinking problems and for others arrested for relatively minor offenses, rehabilitation is particularly crucial because all of these men will again be released to society after a relatively short period of time.

Even if there was complete agreement that most persons with drinking problems were "sick" or ill, there are not now available sufficient medical personnel, hospitals, clinics, social workers, etc. to provide the needed care and treatment. Also, up until very recently, few treatment oriented professional workers were interested in working with the arrested alcoholic or problem drinker. There will need to be an increasing participation in the work of correctional agencies by physicians, social workers, rehabilitation experts, etc. These workers will have to change their mode of operation and participate in the activities of jails, prisons, probation and parole departments, etc.

Much has been written about the problems of bringing a treatment-rehabilitation program (and philosophy) into the prisons, but is it equally true

that treatment personnel need to obtain a better understanding of the functions and responsibilities of correctional institutions and agencies.

For too long sight has been lost of the fact that men and women are in jail because they have violated laws, i.e., transgressed against the norms that the society has established. Society demands that it be "protected against" these persons, that they be taken off the street and placed somewhere so that such acts do not immediately recur. Physicians, hospitals and clinics exist to give service to individuals, to care for their needs. Police departments, jails, etc., exist in order to protect the community against certain classes of acts and behaviors. It can readily be seen then that the responsibility of the clinician is primarily towards his patient, while the responsibility of law-enforcement and correctional personnel is primarily to the larger society. And yet it has increasingly been realized that in order to perform these "protective" functions most effectively emphasis must also be placed on the offender himself. Custodial care and incarceration have not cured any significant number of alcoholics or stopped the excessive drinking of many problem drinkers. If then the interest of correctional institutions is in the *long-range* protection of society and if it is generally agreed that life-long incarceration is not a preferred alternative, emphasis must be placed on bringing about changes in the attitudes and behavior of the offender. The focus then returns to the individual and how he can be influenced and led to alter his behavior.

The Crucial Transition from Prison Life to Community Life

It has repeatedly been stressed by our speakers and in the discussion groups that when a man leaves the prison the "correctional" job rarely has been completed. While this is true for all prisoners it applies particularly to the man with drinking problems. He is likely to find the transition from the protective setting of the prison to the freedom of life on the outside extremely trying. For many such persons the center of their leisure-time activities, the place where they meet with friends and feel really relaxed, has been the bar. The bar is not only a place to drink, but also a place to break free of one's social isolation.

Analogies have been drawn between the deep sea diver who comes up too rapidly, without stopping at intermediate points, and develops an illness called "bends," and the alcoholic who suddenly moves from the prison to full freedom in the community and finds the jump too big and soon ends up on a "bender"! The discharged prisoner often doesn't have a job, usually doesn't have a home and rarely has a group of real friends who will help him "make good" on the outside. All too often the beginning that has been made in the penal institution is lost because assistance is not available for the man in the first few days and weeks after his release. It is for these reasons that so much stress has been placed on "after-care," the role of A.A. following release and on the place of half-way houses. For the man with drinking problems, alternatives must be found to the bar. The local tavern usually is a social center and from it the

men draw a great deal of social and psychological support and it is the place to which they are likely to return as soon as they find that life is difficult for them. And, of course, there are few men who do not find life difficult after their release from prison.

Generally it is not enough just to have clinics and other facilities for the released prisoner. There should be some means of establishing continuity in the man's relationships with the people who are trying to help him. It is here that A.A. often can be extremely helpful since A.A. groups operate both within the walls of the prison and also on the outside. Often the institutional group can make arrangements for contact to be established with a group in the community where their released prisoner will be living. Currently only very few community agencies have developed arrangements so that the prisoner can get to know the professional staff person *prior* to release from prison. Social workers and other personnel of community agencies must alter their present means of operation if they hope to provide assistance to released alcoholics. Half-way houses should be established to provide a setting for the released alcoholic while he is beginning again to try and "pick up the pieces" on the outside. He can live in the half-way house for a brief period until he has a stable job and has begun to deal successfully with the many problems facing him in trying to lead a useful life in the community. It is during this period, too, that the parole department plays its important part. The parole officer is concerned about these very problems and works with the parolee to help him "make the grade." The members of parole departments need to enlist the assistance of others in the community in working with their caseload and other agencies will need to realize the immense tasks faced by parole officers and the great responsibilities that are entrusted to them.

On Changing Human Behavior

This conference did not have a session on personality development and problems in changing human behavior. Yet it is clear that in discussing alcohol, alcoholism and crime our major concern is with behavior patterns — how they came to be and how they can be altered. If we had polled all conference participants we would not have found agreement on these matters — they touch on our varied conceptions of the nature of man. Our beliefs on such matters are usually central to our whole philosophy — often closely intertwined with our basic values and beliefs — including those of a moral and religious nature. As a result efforts to discuss differences in such ideas often are distressing and upsetting and may arouse anger and antagonism with little being accomplished that is constructive or productive. So it is probably just as well that there was no specific focus on this area at the conference.

While we differ on how behavior, particularly drinking and criminal behavior, may be changed, there appears to be a consensus that in the past we have not been particularly successful in bringing about the changes in behavior that we seek. I think we would agree that preaching, punishing or

threatening *in and of themselves* have rarely been sufficient to lead to positive changes in behavior.

It is important for us all to be receptive to other ideas on what can be done to help people change; we must avoid being so trapped by our own beliefs in these areas so that we cannot change the approaches that we use. To revise one's thinking, to alter one's long-held ideas is difficult. Yet unless we do this we shall not make the progress that is needed in order to be more effective in our work with alcoholics, probationers, prisoners, parolees, youth offenders, etc.

Teen-Age Drinking

Concern has been expressed in many circles about teen-age "drinking." It was pointed out here that while a large proportion of teen-agers do "drink," i.e., consume alcoholic beverages, for most of these youngsters drinking is not a problem and does not get them into difficulties. And of the small group who do get into trouble because of their drinking only a tiny fraction are alcoholics. This is not to minimize the importance of early detection and treatment of the teen-age youngsters with drinking problems. However, it is important to remember that adolescents do drink and that most of them are not problem drinkers.

For most youngsters drinking is not an expression of rebellion or defiance, rather it is part of a general pattern of attempting to be adult, to act like a grown-up, to be independent. Most youngsters learn about drinking from adults, often from their own parents. Youngsters drink because of the social and psychological meaning of this activity, rather than in an effort to become intoxicated. In the U. S. today we have no single set of adult standards about drinking, nor do we have consensus about teen-age drinking.

Traditional efforts at alcohol education have assumed that the objective was to have youngsters abstain from the use of alcoholic beverages. Teaching in schools has had primarily a temperance orientation; it has not been effective with most youngsters. Efforts now are being made with a new approach which does not preach or lay down the law, but rather seeks to have the youngsters examine drinking in the whole society, the nature of alcohol, some of its effects, the various reasons why people drink, etc. The expectation is that youngsters so armed will be more likely to make responsible and mature decisions about alcohol — *whether they end up drinking or not.*

Diagnostic-Processing Center

A proposal for a diagnostic, screening, reception, detention, processing center has been a concrete outgrowth of this conference. It epitomizes our concern with actually getting something done, not merely talking about ideas and concepts.

This center would function as a sort of funnel through which men might pass and where it would be possible to develop realistic future plans for each

man. These plans would take into account both the needs of the man and the necessity of protecting the larger society against the violations of its laws. Reference here is to a center which would involve the cooperation and participation of many different persons — the police, the courts, the probation departments, the correctional institutions, parole officers, the Salvation Army, Alcoholics Anonymous, half-way houses, public welfare, hospitals, alcoholism clinics, etc. Each of these groups is heavily involved with problems of alcohol, alcoholism and crime and yet they generally fail to understand each other's job and rarely work together as well as they might.

Such a facility would permit a total marshalling of community resources and might make it possible to fill some of the gaps that currently exist. Correctional agencies could turn to the center in an effort to make plans for a man about to be released. Suppose, for example, that a man who has once been at the center and subsequently went to Bridgewater, M.C.I., is now ready for release to the community. The staff at Bridgewater might then get in touch with the center to ask for assistance in making plans with the man. Would he fit well into a center maintained by the Salvation Army? Is there a half-way house where he could stay for a while? What help can he have in finding a job? The center personnel, knowing the man, and knowing about available resources and facilities, would be in the best position to help develop a plan for the man.

In the long run it might be possible for this new facility to take off the street some of the men who currently are being arrested by the police. The center would include medical and other specialists so that rapid decisions could be made regarding what next steps are most appropriate for each man. Certainly participation in the screening and other programs of the center might be made a condition of probation for those men whose cases are not heard before the judge.

Both treatment personnel and correctional workers at the conference indicated that not only was such a diagnostic processing center needed, but that it was realistic to think that it might be established in the City of Boston. It could, of course, not function unless all the agencies represented at the conference — and numerous others, too — participated actively in its development and its later operation. Cooperation and coordination would be key aspects of such a center.

In Closing

This conference has brought together six state agencies dealing with problems of alcohol and crime. These problems are highly complex ones — each of us probably is far more aware of this now than when we first came here three days ago. We have been forced to see new aspects and dimensions of the problem — many of us are probably less certain that we have the answers than when we came. While this may be somewhat uncomfortable it is the only climate in which learning can occur — and we came here to listen and to learn.

Disagreements and differences of point of view remain — many were discussed, others were only alluded to. We did not resolve these and we would be fooling ourselves if we claim that we did. But we have done at least two things. First, we have made some progress in arriving at a common definition of the problems and reaching some consensus about steps that need to be taken to make our work more effective. Second, we have done something quite practical, we have discovered more about one another's jobs and responsibilities; as a result we will be better able to work together in the future. Clearly then this conference is only a beginning and each of us will move forward from here.

Dr. Plaut received the B.A. degree from Swarthmore College and the M.A. and Ph.D. degrees from the Department of Social Relations at Harvard University. He also holds the M.P.H. degree from the Harvard School of Public Health and the Certificate from the Summer School of Alcohol Studies, Yale University. He served as a Clinical Psychology Intern at the Judge Baker Guidance Center. Following his internship, Dr. Plaut held positions as a Clinical Psychologist in the Gynecologic-Psychiatric Unit of the Peter Bent Brigham Hospital, the Children's Medical Center, and the Family Guidance Center of the Harvard School of Public Health. In 1957 Dr. Plaut joined the Community Mental Health Program of the Harvard School of Public Health and served for two years as a Research Fellow in Mental Health, and for another two years as an Instructor in Mental Health. He then entered the Massachusetts Department of Public Health to assume his present position as Director of the Alcoholism Program.

Dr. Plaut has lectured at several universities and served as a consultant to a wide variety of public and mental health projects. He belongs to many professional organizations including the American Psychological Association, the American Sociological Association, the American Public Health Association and the Federation of American Scientists. His professional career has been devoted to the study and application of mental health practices to public health problems.

Participants

Resource Speaker:

Bacon, Selden, Ph.D., *Director, Rutgers School of Alcohol Studies, New Jersey*
Brown, Reginald F., *Provincial Probation Officer, Ontario, Canada*
Borkenstein, Robert F., *Dept. of Police Administration, Indiana University*
MacCormick, Austin, LL.D., *The Osborne Association, New York*
MacKay, James R., M.S.S.S., *Executive Director, Division on Alcoholism, New Hampshire*
Plaut, Thomas F. A., Ph.D., *Dept. of Public Health, Commonwealth of Massachusetts*
Sewall, William G., *Probation Officer, District Court of East Norfolk, Massachusetts*

From the United States Public Health Service:

Anderson, Carl L., Ph.D., *Consultant on Alcoholism, National Institute of Mental Health*
LaLancette, Therese, R.N., M.A., *Mental Health Nurse Consultant, United States Public Health Service*
McNeill, Harry, Ph.D., *Consultant in Clinical Psychology, United States Public Health Service*
Twain, David, Ph.D., *Consultant on Juvenile Delinquency, National Institute of Mental Health*

From the Commonwealth of Massachusetts:

Ash, Ellis, *Deputy Development Administrator, Boston Redevelopment Authority*
Blake, Edward F., *Captain, Boston Police Department*
Mahoney, Charles Francis, LL.B., *Special Justice of the Municipal Court, Boston*
Moran, John J., M.S.S.S., *Executive Director, United Prison Association*
Nash, Kenneth L., *Presiding Justice, District Court of East Norfolk*
Richmond, Mark S., *Consultant, Massachusetts Council on Crime and Delinquency*
Taylor, William J., *Captain, Boston Police Department*

From the Massachusetts Department of Correction:

Burack, Joseph, M.S.W., *Chief Supervisor, Psychiatric Social Work*
Dacey, Jeremiah J., *Superintendent, Massachusetts Correctional Institution, Norfolk*
Fitzpatrick, John J., M.S.S.W., *Director of Treatment, Massachusetts Correctional Institution, Walpole*
Gaughan, Charles W., *Superintendent, Massachusetts Correctional Institution, Bridgewater*
Gavin, John A., *Superintendent, Massachusetts Correctional Institution, Walpole*
Gilbert, Raymond R., Ph.D., *Deputy Commissioner for Classification and Treatment*

Grennan, Edward S., *Superintendent, Massachusetts Correctional Institution, Concord*
Haughey, David W., Ph.D., *Director of Psychological Research*
Mahoney, James F., Jr., *Training Instructor, Officer's Training School, Bridgewater*
McGrath, George F., *Commissioner of Correction*
Smith, Betty C., *Superintendent, Massachusetts Correctional Institution, Framingham*
Sullivan, Michael, *Deputy Superintendent, Massachusetts Correctional Institution, Bridgewater*

From the Massachusetts Department of Mental Health:
Balcanoff, E. J., M.D., *Director, Suffolk Supreme Court Clinic, Division of Legal Medicine*
Clifford, Daniel, M.S.S.S., *Mental Health Coordinator, Division of Legal Medicine*
Devlin, James M., *Liaison Agent, Division of Legal Medicine*
Kanter, Stanley, M.D., *Senior Psychiatrist, Division of Legal Medicine*
Kinsella, Richard V., M.S.S.S., *Mental Health Coorindator, After-Care Clinic, Division of Legal Medicine*
Neiberg, Norman A., Ph.D., *Director of Psychological Research, Division of Legal Medicine*
Robbins, Gerald M., M.S.S.W., *Mental Health Coordinator, Division of Legal Medicine*
Tartakoff, Samuel, M.D., *Director, Division of Legal Medicine*
Tragellis, Gregory, M.S.S.W., *Chief Social Worker, Division of Legal Medicine*

From the Massachusetts Department of Public Health:
Blacker, Edward, Ph.D., *Research Analyst, Division of Alcoholism*
Blane, Howard, Ph.D., *Associate Psychologist, Clinic for Alcoholism, Massachusetts General Hospital*
Chafetz, Morris, M.D., *Physician-In-Charge, Alcoholism Clinic, Massachusetts General Hospital*
Frechette, Alfred L., M.D., *Commissioner of Public Health*
Mayer, Joseph, Ph.D., *Associate Director, Alcoholism Clinic, Peter Bent Brigham Hospital*
Myerson, David, M.D., *Clinical Associate in Psychiatry, Harvard University*

From the Massachusetts Division of Youth Services:
Ball, John, *Superintendent, Institute for Juvenile Guidance, Bridgewater*
Borys, John M., *Superintendent, Lyman School for Boys, Westboro*
Coughlan, John D., Ed.D., *Chairman, Youth Service Board*
Dimock, Edward J., *Assistant Supervisor of Parole*
Hastings, John W., *Superintendent, Industrial School for Boys, Shirley*

Kelly, Francis J., *Director of Psychological Research*
Maloney, Francis H., *Superintendent, Reception-Detention Facilities*
McGovern, Cecelia, Ph.D., *Member, Youth Service Board*
Tanneyhill, Gertrude, M.S.S.W., *Supervisor of Social Service*

From the Massachusetts Parole Board:
Byrt, Francis J., *Parole Supervisor*
Davis, Martin P., *Director of Parole Services*
Falls, Charles V., *Parole Supervisor*
Gabriel, Margaretha, *Parole Supervisor*
Gavin, James R., *Parole Officer*
Kirkpatrick, Mary P., *Member of Parole Board*
Menton, Patrick A., *Member of Parole Board*
Twomey, Cornelius, *Chairman of Parole Board*
Zelesky, Tillie A., *Member of Parole Board*

From the Massachusetts Office of the Commissioner of Probation:
Carter, Albert B., *Commissioner of Probation*
DiNatale, Anthony J., *Chief Probation Officer, Third District Court of Eastern Middlesex*
Flavin, James E., *First Assistant Chief Probation Officer, Boston Municipal Court*
Foley, Joseph P., *Chief Probation Officer, Special Middlesex Juvenile Probation District*
Kingston, Elizabeth D., *Chief Probation Officer, Municipal Court of the Roxbury District*
Lewis, William T., *Probation Officer, District Court North Adams*
McGovern, Thomas M., *Chief Probation Officer, Superior Court for Barnstable, Bristol, Dukes, and Nantucket*
Sands, Eliot, *Deputy Commissioner of Probation*
Villa, Richard, *Chief Probation Officer, First District Court of Essex*

Program

Wednesday, June 6, 1962

12:30 p.m.: Luncheon Meeting

Introductory Remarks:

Hilma Unterberger,
Conference Committee Chairman, Alcoholism Coordinator, Massachusetts Division of Alcoholism

Welcoming Remarks:

Greetings from the Governor

George F. McGrath, LL.B.,
Massachusetts Commissioner of Correction

Therese LaLancette, R.N., M.A.,
United States Public Health Service

2:00 p.m.: Address:

"Alcohol, Alcoholism, and Crime: An Overview"
Selden D. Bacon, Ph.D., *Director, Center of Alcohol Studies, Rutgers — The State University, New Jersey*

3:30–5:00 p.m.: Group Discussions

8:30 p.m.: Address:

"Alcoholism and the Arresting Agency"
Robert F. Borkenstein, *Chairman,*
Department of Police Administration, Indiana University

Discussion:

Charles F. Mahoney, LL.B.,
Boston Municipal Court, Boston, Massachusetts

Thursday, June 7, 1962

9:00 a.m.: Addresses:

"Probation Principles and Practices in Alcoholism and Crime"
William G. Sewell, *Probation Officer,*
District Court of East Norfolk, Quincy, Massachusetts

Discussion:
James M. Devlin, *Liaison Officer,*
Division of Legal Medicine, Massachusetts Department of Mental Health

"Drinking and Delinquency"
James R. MacKay, M.S.S.S., *Executive Director,*
Division on Alcoholism, New Hampshire Department of Health

Discussion:
Francis J. Kelly, *Director of Psychological Research,*
Massachusetts Division of Youth Service

11:30 a.m.–12:30 p.m.: Group Discussions

2:00 p.m.: Address:

"Correctional Views on Alcohol, Alcoholism, and Crime"
Austin H. MacCormick, LL.D., *Executive Director,*
The Osborne Association, New York

Discussion:
Raymond R. Gilbert, Ph.D., *Deputy Commissioner,*
Massachusetts Department of Correction
David J. Myerson, M.D., *Clinical Associate,*
Harvard Medical School

3:30–5:30 p.m.: Group Discussions

8:30 p.m.: Films

"Alcoholism: Discussion and Films"
Edward Blacker, Ph.D., *Alcoholism Research Analyst*
Division of Alcoholism, Massachusetts Department of Public Health

FRIDAY, JUNE 8, 1962

9:00 a.m.: Address:

"Parole Principles and Practices in Alcoholism and Crime"
Reginald F. Brown, *Provincial Probation Officer,*
Department of the Attorney General, Ontario, Canada

Discussion:
James F. Gavin, *Parole Officer,*
Massachusetts Parole Board

10:15 a.m.–12:30 p.m.: Group Discussions

2:00 p.m.: Summary of Conference:

Thomas F. A. Plaut, Ph.D.,
Division of Alcoholism, Massachusetts Department of Public Health

3:00 p.m.: Adjournment